

EXHIBIT 1

BILL IN EQUITY HEREINAFTER, COMPLAINT

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FEB 24 2020

UNITED STATES COURT OF FEDERAL CLAIMS

To The Honorable Judge(s) Of The Court:

Rafael Daniel De La Cruz Jimenez,)	Case No.
FEDERAL CORRECTIONAL INSTITUTION,)	
1507 EAST WHATLEY ROAD, OAKDALE ,)	Petitioner's Original Bill In
LOUISIANA, 71463)	Equity For Specific Performance
)	For Breach Of Contract

and;

UNITED STATES OF AMERICA, United States of America, UNITED STATES, United States;

JEFF B. SESSIONS, Successors and Assigns, ATTORNEY GENERAL of the UNITED STATES and CHIEF OFFICIAL of the UNITED STATES DEPARTMENT OF JUSTICE;
Jeff B. Sessions, Individual Capacity;

UNITED STATES DEPARTMENT OF JUSTICE is a Party;
UNITED STATES FEDERAL BUREAU OF PRISONS is a Party;

MARK S. INCH, Successors and Assigns, FEDERAL BUREAU OF PRISONS DIRECTOR OF THE DEPARTMENT OF JUSTICE in Official Capacity;
Mark S. Inch, Individual Capacity;

J.F. CARAWAY, Successors and Assigns, FEDERAL BUREAU OF PRISONS REGIONAL DIRECTOR OF THE DEPARTMENT OF JUSTICE in Official Capacity;
J.F. Caraway, Individual Capacity;

CALVIN JOHNSON, Successors and Assigns, FEDERAL BUREAU OF PRISONS WARDEN OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Calvin Johnson, Individual Capacity;

DAN PETERSON, Successors and Assigns, FEDERAL BUREAU OF PRISONS ASSISTANT WARDEN OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Dan Peterson, Individual Capacity;

BENJAMIN J. BIRMINGHAM, FEDERAL BUREAU OF PRISONS CAPTAIN OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Benjamin J. Birmingham, Individual Capacity;

JEFFREY REX, FEDERAL BUREAU OF PRISONS ASSISTANT CAPTAIN OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Jeffrey Rex, Individual Capacity;

JOEL ALEXANDRE, FEDERAL BUREAU OF PRISONS MEDICAL DOCTOR OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Joel Alexandre, Individual Capacity;

MARY THOMAS, FEDERAL BUREAU OF PRISONS NURSE PRACTITIONER (FNP-C) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Mary Thomas, Individual Capacity;

THERESA SAVANT, FEDERAL BUREAU OF PRISONS NURSE PRACTITIONER (FNP) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Theresa Savant, Individual Capacity

CAROL AUTIN, FEDERAL BUREAU OF PRISONS MEDICAL STAFF (IOP/IDC) OAKDALE FEDERAL CORRECTIONAL INSTITUTION In Official Capacity;
Carol Autin, Individual Capacity;

R. CATOIRE, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
R. Catoire, Individual Capacity;

ELIZABETH PERKINS, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION In Official Capacity;
Elizabeth Perkins, Individual Capacity;

KERI DOWDY, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION In Official Capacity;
Keri Dowdy, Individual Capacity;

KERSTIN DUCOTE, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Kerstin Ducote, Individual Capacity;

PATRICIA BRADFORD, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Patricia Bradford, Individual Capacity;

MASHIMO SHANON, FEDERAL BUREAU OF PRISONS ASSISTANT ADMINISTRATOR OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Mashimo Shanon, Individual Capacity;

T. WILLIS, FEDERAL BUREAU OF PRISONS NURSE PRACTITIONER (LPN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
T. Willis, Individual Capacity;

RASHAUNA MOODY, FEDERAL CORRECTIONAL INSTITUTION ASSISTANT NURSE PRACTITIONER (ANP-BC) OAKDALE FEDERAL CORRECTIONAL INSTITUTION In Official Capacity;
Rashauna Moody, Individual Capacity;

HIT H. GLENN, FEDERAL BUREAU OF PRISONS MEDICAL STAFF OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Hit H. Glenn, Individual Capacity;

TRACY HIT MARTIN, FEDERAL BUREAU OF PRISONS, EMPLOYEE OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Tracy Hit Martin, individual Capacity;

PEGGY ALLMENDINGER, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Peggy Allmendinger, Individual Capacity;

JOEL MCMICKIN, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Joel McMickin, Individual Capacity;

BYRD BRANDOM, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Byrd Brandom, Individual Capacity;

SANDRA PIERCE, FEDERAL BUREAU OF PRISONS REGISTERED NURSE (RN) OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Sandra Pierce, Individual Capacity;

SECURITY OFFICER, NAME UNKNOWN, FEDERAL BUREAU OF PRISONS, EMPLOYEE OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
Security Officer, Name Unknown, Individual Capacity;

R. MYERS, Successors and Assigns, FEDERAL BUREAU OF PRISONS WARDEN OAKDALE FEDERAL CORRECTIONAL INSTITUTION in Official Capacity;
R. Myers, Individual Capacity;

Respondents all Jointly and Severally.

NATURE OF THE SUIT.

Petitioner, Rafael Daniel De La Cruz Jimenez, brings this Suit, before this Honorable Court, to respectfully demand, as a matter of Right, that This Court issue a Decree requiring all Respondent Parties to Specifically Perform in accord with the Terms and Conditions contained in the valid Contract that by the informed Consent and Stipulation is agreed to by the Parties. Petitioner was Irreparably Injured as a Direct and Proximate result

or the Acts and/or Omissions of the Respondent Parties. The Liquidated Damages requested will remedy the injury to Petitioner as much, as is possible in accord with the informed Consent, Stipulation and Agreement of the Parties as is more fully explained herein.

ALLEGATIONS REGARDING THE PARTIES

1. Rafael Daniel De La Cruz Jimenez, Petitioner, is an inmate located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION FCI-1, hereinafter OAKDALE F.C.I. at 1507 EAST WHATLEY ROAD, OADKALE, LOUISIANA 71463.
2. Respondent, UNITED STATES OF AMERICA, UNITED STATES, United States of America, United States, is a Party and the employer to Respondent Parties of this Suit and is located at Office of the United States Attorney, Civil Process Clerk, 555 4th Street, N.W., WASHINGTON, DC 20530.
3. Respondent, JEFF B. SESSIONS, is the ATTORNEY GENERAL of the UNITED STATES and CHIEF OFFICIAL of the UNITED STATES DEPARTMENT OF JUSTICE located at 950 PENNSYLVANIA N.W., WASHINGTON, DC 20530.
4. Respondent, Jeff B. Sessions, Individual Capacity, is located at 950 PENNSYLVANIA N.W., WASHINGTON, DC 20530.
5. Respondent, UNITED STATES DEPARTMENT OF JUSTICE, is a Party to this Suit and is located at 950 PENNSYLVANIA N.W., WASHINGTON, DC 20530.
6. Respondent, UNITED STATES FEDERAL BUREAU OF PRISONS, is a Party to this Suit and is an Agency of the UNITED STATES DEPRIMENT OF JUSTICE and is located at 320 FIRST STREET, N.W., WASHIGTON, DC 20534.
7. Respondent, MARK S. INCH, Successors and Assigns is the DIRECTOR of the UNITED STATES FEDERAL BUREAU OF PRISONS located at 320 FIRST STREET, N.W., WASHINGTON, DC 20534.

8. Respondent, Mark S. Inch, Individual Capacity, is located at 320 FIRST STREET, N.W., WASHINGTON, DC 20534.

9. Respondent, J.F. CARAWAY, Successors and Assigns is the REGIONAL DIRECTOR for the UNITED STATES FEDERAL BUREAU OF PRISONS, SOUTH CENTRAL REGIONAL (SCRO) located at 344 MARINE FORCES DRIVE, GRAND PRAIRIE, TX 75051.

10. Respondent, J.F. Caraway, Individual Capacity, is located at 344 MARINE FORCES DRIVE, GRAND PRAIRIE, TX 75051.

11. Respondent, CALVIN JOHNSON, Successors and Assigns is the WARDEN at OAKDALE FEDERAL CORRECTIONAL INSTITUTION, 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

12. Respondent, Calvin Johnson, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION, 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

13. Respondent, DAN PETERSON, is an ASSISTANT WARDEN at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

14. Respondent, Dan Peterson, Individual Capacity, at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

15. Respondent, BENJAMIN J. BERMINGHAM, is a CAPTAIN at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

16. Respondent, Benjamin J. Bermingham, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

17. Respondent, JEFFREY REX, is an ASSISTANT CAPTAIN at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

18. Respondent, Jeffrey Rex, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

19. Respondent, JOEL ALEXANDRE, is a MEDICAL DOCTOR at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

20. Respondent, Joel Alexandre, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

21. Respondent, MARY THOMAS, is a NURSE PRACTITIONER (FNP-C) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

22. Respondent, Mary Thomas, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

23. Respondent, THERESA SAVANT, is a NURSE PRACTITIONER (FNP) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

24. Respondent, Theresa Savant, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

25. Respondent, CAROL AUTIN, is a member of the MEDICAL STAFF (IOP/IDC) at

OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

26. Respondent, Carol Autin, Individual Capacity, located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

27. Respondent, R. CATOIRE, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

28. Respondent, R. Catoire, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

29. Respondent, ELIZABETH PERKINS, is a REGISTERED NURSE(RN), at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

30. Respondent, Elizabeth Perkins, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION LOCATED AT 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

31. Respondent, KERI DOWDY, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

32. Respondent, Keri Dowdy, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

33. Respondent, KERSTIN DUCOTE, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

34. Respondent, Kerstin Ducote, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

35. Respondent, PATRICIA BRADFORD, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

36. Respondent, Patricia Bradford, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

37. Respondent, MASHIMO SHANON, is an ASSISTANT ADMINISTRATOR, at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

38. Respondent, Mashimo Shanon, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

39. Respondent, T. WILLIS, is a NURSE PRACTITIONER (LPN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

40. Respondent, T. Willis, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

41. Respondent, RASHAUNA MOODY, is an ASSISTANT NURSE PRACTITIONER (ANP-BC) at OAKDALE CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

42. Respondent, Rashauna Moody, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WAHTLEY ROAD, OAKDALE, LOUISIANA 71463.

43. Respondent, HIT H. GLENN, is a member of the MEDICAL STAFF at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

44. Respondent, Hit H. Glenn, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSITUTION located at 1507 EAST WHATLEY REOD, OAKDALE, LOUISIANA 71463.

45. Respondent, TRACY HIT MARTIN, is an EMPLOYEE at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

46. Respondent, Tracy Hit Martin, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

47. Respondent, PEGGY ALLMENDINGER, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATELY ROAD, OAKDALE, LOUISIANA 71463.

48. Respondent, Peggy Allmendinger, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

49. Respondent, JOEL MCMICKIN, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATELY ROAD, OAKDALE, LOUISIANA 71463.

50. Respondent, Joel McMickin, Individual Capacity, at OAKDALE FEDERAL

CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

51. Respondent, BYRD BRANDOM, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WAHTLEY ROAD, OAKDALE, LOUISIANA 71463.

52. Respondent, Byrd Brandom, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL ISNTITUTION located at 1507 EAST WHATELY ROAD, OAKDALE, LOUISIANA 71463.

53. Respondent, SANDRA PIERCE, is a REGISTERED NURSE (RN) at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATELY ROAD, OAKDALE, LOUISIANA 71463.

54. Respondent, Sandra Pierce, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATELY ROAD, OAKDALE, LOUISIANA 71463.

55. Respondent, SECURITY OFFICER, NAME UNKNOWN, who worked at RAPIDES MEDICAL CENTER from June 1, 2017 through June 5, 2017, who is an EMPLOYEE OF THE OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

56. Respondent, Security Officer, name Unknown, Individual Capacity, who worked at RAPIDES MEDICAL CENTER FROM June 1, 2017 through June 5, 2017, who is an employee of OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

56A. Respondent, R. MYERS, Successors and Assigns is the WARDEN at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WAHTLEY ROAD, OAKDALE, LOUISIANA 71463.

56B. Respondent, R. Myers, Individual Capacity, is located at OAKDALE FEDERAL CORRECTIONAL INSTITUTION located at 1507 EAST WHATLEY ROAD, OAKDALE, LOUISIANA 71463.

JURISDICTIONAL ALLEGATIONS:
JURISDICTION OF THE UNITED STATES COURT

57. Petitioner reasserts and realleges each and every allegation contained within Item Number 1-56B, supra, as fully restated herein.

58. "The Judicial Power of the United States shall be vested in one Supreme Court and Such inferior Courts as the Congress may from time to time ordain and establish..." -Constitution of the United States Article III, §1, Cl.1.

"No States shall enter into any Treaty, Alliance, or Confederation; Grant Letter of Marque and Reprisal; Coin Money; emit Bill of Credit; Make any Thing but gold and silver Coin a Tender in Payment of Debts; pass any Bill of Attainder, ex post facto law, or law impairing the Obligation of Contracts, or grant any Title of Nobility."
Constitution of The United States, Article I § 10 Cl.1.

59. UNITED STATES COURT OF CLAIMS hereinafter, This Court, has Subject Matter Jurisdiction over this live case and controversy because:

A. The parties have by informed Consent, Stipulated and Agreed that the Parties have entered into a valid Contract, within the Forum States of This Court. See Appendix, Page 1, Item 1.

B. All Respondent Parties knowingly, willingly and intentionally breached the valid Contract between the Parties within the Forum State. See Appendix, Page 1, Item 2.

C. All Respondent Parties breach of the valid Contract between the Parties has created a live controversy regarding the Respondent's Specific Performance in accord with the terms and conditions contained in the valid Contract between the Parties. See Appendix, page 1, Item 3.

D. Petitioner has, is, and Continues to suffer irreparable injury, as a direct and proximate result of all Respondent Parties failure to Specifically Perform in accord with the terms and conditions contained within the valid Contract between the Parties. See Appendix, Page 1, Item 5.

F. ALL PREMISES CONSIDERED: This Court has the Judicial Power and Authority to order the Parties to specifically perform in accord with all terms and conditions contained in the valid Contract between the Parties.

EXCLUSIVE JURISDICTION OF THE UNITED STATES
COURT IN EQUITY

60. Petitioner reasserts and realleges each and every allegation contained within Item Number 1-59, supra, as if fully restated herein.

61. "The Judicial Power shall extend to all Cases in law and Equity..., to Controversies to with the United States shall be a Party..." -Constitution of the United States, Article III, §2, Cl.1.

62. This Court has Exclusive Jurisdiction over cases and controversies, in Equity, in which the United States is a Party. See Appendix, page 2, Item 7, See UNITED STATES CONSTITUTION, ART.3, §2, Cl.1.

63. This Suit is brought for Breach of Contract, Irreparable Injury, Specific Performance, Injunctive Relief and Liquidated Damages which are equitable remedies. See Appendix, Page 2, Item 8.

64. The Petitioner was irreparably injured as a direct and proximate result of the Respondent Parties Acts and/or Omissions. See Appendix, page 2, Item 9.

65. There is no adequate remedy at Law as money damages alone cannot fully repair the damages to Petitioner.

66. The Relief Demanded by Petitioner will remedy the injury(s) as much as is possible because the Parties have by informed Consent, stipulated and

Agreed to the relief demanded by Petitioner. See Appendix, Page 2, Item 11.

67. The United States is a name Party in this Suit. See Appendix, page 2, Item 12.

68. ALL PREMISES CONSIDERED: This Court has the Judicial Power and Authority to exercise Exclusive Jurisdiction over this Suit and Live Controversy in accord with principles, practices, rules, and maxims in Equity.

SUBJECT MATTER JURISDICTION

69. Petitioner reasserts and realleges each and every allegation contained in Item Number 1-68, supra, as fully restated herein.

70. Congress has vested the United States District Court with Judicial Power and Authority to assume Exclusive Subject Matter Jurisdiction over Actions at Law and Suits in Equity to which the United States shall be a Party. See Appendix, Page 2, Item 13.

71. The United States is a named Party to this Suit. See Appendix, Page 2, Item 14.

72. The Respondent Party(s) United States and UNITED STATES OF AMERICA are domiciled at WASHINGTON, D.C. which is located within the Forum State. See Appendix, Page 2, Item 15.

73. All Respondent Parties including the United States and UNITED STATES OF AMERICA have been serve properly with summons and complaint.

74. ALL PREMISES CONSIDERED: This Court has Subject Matter Jurisdiction to hear this Suit in accord with the principles, practices, rules and maxims in Equity.

SUBJECT MATTER JURISDICTION - STANDING - RESPONDENTS

75. Petitioner reasserts and realleges each and every allegation contained Item Number 1-74, supra, as if fully restated herein.

76. The Parties, by Informed Consent, Stipulated and Agreed that Petitioner has, is and continues to suffer irreparable injury(s), in fact, as a direct and proximate result of all Respondent Parties Failure to Specifically Perform in accord with the terms and conditions contained within the valid Contract between the Parties. See papendix, Page 2, Item 16.

77. All Respondent Parties were served NOTICE - PRIVATED INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE, NOTICE OF DEFAULT - CONSENT TO DECREE, NOTICE - DEMAND FOR SPECIFIC PERFORMANCE, The U.S.F.B.O.P. ADMINISTRATIVE REMEDY including BP-8, BP-9, BP-10 and BP-11. All Respondent Parties have been given proper legal notice and opportunity to respond and defend against Petitioners claims. All Respondent Parties failed to provide Petitioner with the required responsive answer and are now in Default regarding the Specific Performance in accord with the terms and conditions contained within the valid contract between the Parties as by the informed consent, stipulation and agreement of the named Parties to this Suit. See Appendix, page 2, Item 17.

78. All Parties have by informed consent, stipulated and agreed that Petitioner has the right to the relief demanded in accord with the valid contract between the Parties. See Appendix, Page 2, Item 18.

79. The Parties have by informed Consent, stipulated and agreed that the relief demanded by Petitioner will rectify the irreparable injury(s) to Petitioner as much as is possible. See Appendix, Page 2, Item 19.

80. All Respondent Parties have been properly served with summons and complaint.

81. All Respondent parties have the capacity to be sued because:

- A. All Respondent Parties are legal age of majority.
- B. All Respondent Parties are of sound mind.
- C. None of the Respondent Parties have been threatened, coerced or are under duress.
- D. All Respondent Parties have the ability to Defend against this Suit.
- E. None of the Respondent Parties are under a Disability.
- F. All Respondent Parties are Subject to National Service Statutes as Officers, Agents, Employees or Representatives of the United States.
- G. All Parties are Subject to General or Specific Jurisdiction of this Court.
- H. All Respondent Parties have been served Summons and Complaint.

82. ALL PREMISES CONSIDERED: All Respondent Parties have capacity to sue or be sued.

SUBJECT MATTER JURISDICTION - STANDING - PETITIONER

83. Petitioner reassert and realleges each and every Factual Allegation contained within Item Number 1-82, supra, as if fully restated.

84. Petitioner has standing to bring this Suit because Petitioner has met all Conditions precedent required as follows:

A. On or about April 9, 2018 Petitioner served a NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND on ALL RESPONDENT PARTIES by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 2, Item 20.

B. On or about May 7, 2018 Petitioner served a NOTICE OF FAULT - OPPORTUNITY TO CURE on ALL RESPONDENT PARTIES by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 2, Item 21.

C. On or about May 23, 2018 Petitioner served a NOTICE OF DEFAULT - CONSENT TO DECREE on ALL RESPONDENT PARTIES by U.S.P.S. Prepaid Certified

Mail at their workplaces. See Appendix, Page 3, Item 22.

D. All RESPONDENT Parties were required to provide Petitioner with a verified Responsive answer to the NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE, and NOTICE OF DEFAULT - CONSENT TO DECREE hereinafter "Notices", in a timely manner as stated in the "NOTICE". See Appendix, Page 3, Item 23.

E. All Respondent Parties failed to provide Petitioner with the required verified responsive answer and are in Default. See Appendix, Page 3, Item 24.

F. On or about May 23, 2018 Petitioner served a DEMAND FOR SPECIFIC PERFORMANCE on ALL RESPONDENT PARTIES by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 3, Item 25.

G. As of the date of the filing Petitioner Complaint all Respondent Parties have failed in their duty to Specifically Perform, as agreed by the Parties, in accord with the terms and conditions contained in the valid contract between the Parties and All Respondent Parties are in Breach of Contract.

H. On or about July 10, 2018 Petitioner served a NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND on ALL RESPONDENT PARTIES via F.B.O.P ADMINISTRATIVE REMEDY BP-8, by Petitioner via hand delivery at their workplaces. See Appendix, Page 3, Item 26.

I. On or about August 6, 2018 Petitioner served a NOTICE OF FAULT - OPPORTUNITY TO CURE via F.B.O.P ADMINISTRATIVE REMEDY BP-9 on All Respondent Parties by Petitioner via hand delivery at their workplace. See Appendix, Page 3, Item 27.

J. On or about August 21, 2018 Petitioner served a NOTICE OF DEFAULT - CONSENT TO DECREE on ALL Respondent Parties via F.B.O.P. ADMINISTRATIVE REMEDY BP-10 by U.S.P.S. Prepaid Certified Mail at their workplace. See Appendix, Page 3, Item 28.

K. On or about September 21, 2018 Petitioner served a DEMAND FOR SPECIFIC PERFORMANCE on all Respondent Parties via F.B.O.P. ADMINISTRATIVE REMEDY BP-11 by U.S.P.S. Prepaid Certified Mail at their workplace. See Appendix, Page 3, Item 29.

L. As of the date of the filing Petitioners complaint All Respondent Parties have failed in their duty to Specifically Perform, as agreed by the Parties, in accord with the terms and conditions contained in the valid and enforceable contract between the Parties and All Respondent Parties are in Breach of Contract.

M. Petitioner has completed the United States department of Justice, BUREAU OF PRISONS, hereinafter F.B.O.P. ADMINISTRATIVE REMEDY PROCESS and UNITED STATES has waived its sovereign immunity to be sued by Failing to Specifically Perform within 6 months. See Appendix, Page 3, Item 30.

N. Petitioner properly served All Respondent Parties with Summons and Complaint.

O. Petitioner is of sound mind and able to testify if Called Upon.

P. Petitioner is not under Disability.

Q. This Court has Jurisdiction over this case and live controversy regarding SUBJECT MATTER JURISDICTION as agreed in the MANDATORY FORUM SELECTION CLAUSE contained in the valid and enforceable contract between the Parties.

R. Petitioner filed this Complaint as a free act and deed and not under threat, duress or coercion.

S. ALL PREMISES CONSIDERED: Petitioner has the Standing and Capacity to bring this Suit and to be sued in this Court.

SUBJECT MATTER JURISDICTION - DUE PROCESS

85. Petitioner reasserts and realleges each and every allegation contained in Item 1-84, supra, as if fully restated herein.

86. It is well within the Standards of Due Process for Petitioner to sue the Respondent Parties because:

A. Petitioner served NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE, NOTICE OF DEFAULT - CONSENT TO DECREE, DEMAND FOR SPECIFIC PERFORMANCE, F.B.O.P. ADMINISTRATIVE REMEDY BP-8, BP-9, BP-10, BP-11, and Properly served All Respondent Parties within Summons and Complaints. See Appendix, Page 3, Item 32.

B. This Court has Personal Jurisdiction over all Respondent Parties because:

1. All "Respondent Parties are officers or employees of the United States. See Appendix, Page 3, Item 33.

2. All Respondent Parties were served in accord with Nationwide Service Statutes and/or Respondent Parties have sufficient minimum contacts and/or activities with the United States by reason of their employment with the United States.

3. The United States maintains its offices within the Forum States of this Court.

4. This Court has either General or Specific Jurisdiction over All Respondent Parties.

5. It is within the Standard of Fair Play AND Substantial Justice for This Court to assume Personal Jurisdiction of All Respondent Parties by the Parties informed consent.

6. All Respondent Parties have by Informed Consent, Stipulated and Agreed to be sued. See Appendix, Page 4, Item 34.

7. All Respondent Parties have purposefully availed themselves of the benefits, privileges, protections, duties, and liabilities of the Laws of the United States with its Principal Office located at Washington D.C. within FORUM STATE.

8. All Respondent Parties have by the Parties Informed Consent, Stipulated and Agreed to be sued in this Forum in accord with the principles, practices and maxims in Equity.

C. ALL PREMISES CONSIDERED: It is well within the Standard of Due Process for the Petitioner to sue All Respondent Parties in this Court.

SUBJECT MATTER JURISDICTION - FAIR PLAY AND SUBSTANTIAL JUSTICE

87. Petitioner reasserts and realleges each and every allegation contained within Item 1-86, supra, as if fully restated herein.

88. This Court's Assumption of Jurisdiction over the Parties to this Suit is within the Standard of Fair Play and Substantial Justice because:

A. All Respondent Parties are Officers, Agents, Employees and/or Representatives of the United States and have availed themselves of the benefits, privileges, protections, duties and liabilities of the laws of the United States.

B. All Respondent Parties have derived financial benefits from their employment with the United States.

C. All Respondent Parties are amenable to Nationwide Service Statute as

Officers, Agents, Employees and/or Representatives of the United States.

D. This Court has General or Specific Jurisdiction over All Respondent Parties by reason of their contacts and/or activities with the United States.

E. All Respondent Parties have sufficient continuous and systematic contacts and/or activities within the United States with its principal offices located within the Forum State.

F. All Respondent Parties have been served with Proper Service of Summons and Complaints.

G. This Court's Assumption of Jurisdiction over this Suit and the named Parties to this Suit places no undue burden on the Parties,

H. All Respondent Parties have received Fair Notice of the claims against them. See Appendix, Page 4, Item 36.

I. All Respondent Parties have been served with proper Legal/Lawful NOTICE AND OPPORTUNITY as stated at Item #77, supra.

J. ALL PREMISES CONSIDERED: This Court's Assumption of Jurisdiction over this Suit and all named Parties will not offend traditional notions of Fair Play and Substantial Justice.

IN PERSONAM AND SPECIFIC JURISDICTION - OFFICIAL CAPACITY

89. Petitioner reasserts and realleges each and every allegation contained in Item Number 1-88, supra, as if fully restated herein.

90. This Court has the Authority to assume General or Specific Jurisdiction over all named Respondent Parties to this Suit because:

A. All Respondent Parties are officers, agents, employees or representatives of the United States. See Appendix, Page 4, Item 37.

B. All Respondent Parties as officers, agents, employees or

representatives of the United States have purposefully availed themselves of the benefits, privileges, protections, duties and liabilities of the laws of the United States with its principal offices located within the Forum State.

C. All Respondent Parties as officers, agents, employees or representatives of the United States have sufficient minimum continuous and systematic contacts and/or activities within the United States with its principal offices located within the Forum State. See Appendix, Page 4, Item 38.

D. All Respondent Parties have been properly served with summons and complaint.

E. All Respondent Parties are amenable to service by the Nationwide service Statutes in their Official Capacities as officers, agents, employees or representatives of the United States with its principal offices located within the Forum State.

F. ALL PREMISES CONSIDERED: This Court's Assumption of General or Specific Jurisdiction over All Respondent Parties in their Official Capacities is well within the Standard of Due Process and Fair Play and Substantial Justice.

IN PERSONAM GENERAL AND SPECIFIC JURISDICTION - INDIVIDUAL CAPACITY

91. Petitioner reasserts and realleges each and every allegation contained in Item 1-90, supra, as if fully restated herein.

92. This Court has the Authority to assume General or Specific Jurisdiction over the Respondent Parties in their Individual Capacities because:

A. All Respondent Parties are officers, agents, employees or representatives of the United States with its principal offices located in Washington D.C. within the Forum State. See Appendix, Page 4, Item 40.

B. All Respondent Parties have sufficient continuous and systematic minimum contacts with the United States, in their Individual Capacities, as officers, agents, employees or representatives of the United States.

C. All Respondent Parties, as officers, agents, employees or representatives of the United States, have purposefully availed themselves of the benefits, privileges, protections, duties and liabilities of the laws of the United States within its principal offices located in Washington D.C. within the Forum State.

D. All Respondent Parties have derived financial benefit from the United States.

E. All Respondent Parties are amenable to Nationwide Service Statutes in their Individual Capacities as they have sufficient minimum contacts and/or Activities within the United States with its principal offices located within the Forum State.

F. All Respondent Parties violated Petitioner rights and caused Petitioner irreparable injury while under Color of Law and have assumed an Individual liability. See Appendix, Page 4, Item 43

G. All Respondent Parties have been properly served with Summons and Complaint.

H. All Respondent Parties have by the Parties informed Consent, Stipulated and Agreed to be sued in this Forum in accord with the principles, practices, and maxims in Equity. See Appendix, Page 4, Item 44.

I. ALL PREMISES CONSIDERED: This Court's Assumption of In Personam General or Specific Jurisdiction over All Respondent Parties in their Individual Capacity is well within the standards of Due Process and Fair Play and Substantial Justice.

CONSENT JURISDICTION

93. The Parties have by informed consent, stipulated and agreed that any controversy regarding Respondent Parties failure to Specifically Perform shall be resolved in accord with the principles, practices, rules and maxims in Equity. See Appendix, Page 4, Item 45.

94. All Respondent Parties have by the Parties informed Consent, Stipulated and Agreed to be sued in this Forum in accord with the principles, practices maxims in Equity. See Appendix, Page 4, Item 46.

VENUE

95. Petitioner reasserts and realleges each and every allegation contained in Item Number 1-94, supra, as if fully restated herein.

96. This Court is Proper Venue for this Suit because:

A. The principal offices all Respondent Parties is located at Washington D.C. within the Forum State. See Appendix, Page 4, Item 47.

B. All Respondent Parties are officers, agents, employees or representatives of the United States with its principal offices located at Washington D.C. within the Forum State. See Appendix, Page 4, Item 48.

C. All Respondent Parties, by reason of their employment, have systematic minimum and sufficient contacts and/or activities with the United States with its principal offices located at Washington D.C. within the Forum State. See Appendix, Page 4, Item 49.

D. All Respondent Parties reside and/or work in the Forum State or are subject of the Nationwide Services Statutes by reason of their employment with the United States with its principal offices located at Washington D.C. within the Forum State. See Appendix, Page 5, Item 50.

E. All Respondent Parties are amenable to service of process. See Appendix, page 5, Item 51.

F. All Respondent Parties have purposefully availed themselves of the benefits, privileges, protections, duties and liabilities of the laws of the United States, within its principal offices located at Washington D.C. within the Forum State.

G. All Respondent Parties have been properly served with Summons and Complaint.

H. This Court's Assumption of Jurisdiction and Venue over the Parties to this Suit will not cause any undue hardship on the Parties as the United States will likely incur the liabilities for its officers, agents, employees and/or representatives.

I. All Respondent Parties have by the Parties informed Consent, Stipulated and Agreed to be sued in this Forum in accord with the principles, practices and maxims in Equity. See Appendix, Page 5, Item 53.

FACTUAL ALLEGATIONS

97. On or about April 2, 2018, Petitioner served on Respondent Parties a NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND, hereinafter Proffer, on ALL RESPONDENT PARTIES by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 5, Item 54.

98. The Respondent Parties accepted Petitioner Proffer on or about April 9, 2018 by U.S.P.S. Prepaid Certified Mail by Petitioner at their workplaces. See Appendix, Page 5, Item 55.

99 The Respondent Parties were required in accord with the Proffer to provide Petitioner a Verified Responsive Answer, as defined in the Proffer timely, or in the alternative Specifically Perform in accord with all terms and

conditions contained within the Proffer. See Appendix, Page 5, Item 56.

100. Respondent Parties failed in their lawfull duty to provide Petitioner with a Responsive Answer, as stated in the Proffer, or Specifically Perform as stated in the Proffer. See Appendix, Page 5, Item 57.

101. The Respondent Parties were noticed in the Proffer that failure to provide Petitioner with a Responsive Answer shall constitute the Parties informed consent, stipulation and agreement that a valid contract exists between the Parties in accord with all terms and conditions contained within the Proffer. See Appendix, Page 5, Item 58.

102. On or about May 2, 2018, the Parties entered into a valid contract by the Parties informed consent, and stipulation that the Parties agreed to specifically perform in accord with all terms and conditions within the valid contract between the Parties, as stated in the Proffer. See Appendix, Page 5, Item 59.

103. on or about May 2, 2018, Petitioner served a NOTICE OF FAULT - OPPORTUNITY TO CURE, on All Respondent Parties by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 5, Item 60.

104. The Respondent Parties accepted Petitioner NOTICE OF FAULT - OPPORTUNITY TO CURE on or about about May 7, 2018 by U.S.P.S. Prepaid Certified Mail by Petitioner at their workplaces. See Appendix, Page 5, Item 61.

105. Petitioners NOTICE OF FAULT - OPPORTUNITY TO CURE noticed the Respondent Parties that they were in FAULT and would be allowed 14 days to cure their Fault or they would be in DEFAULT and Breach of Contract. See Appendix, Page 5, Item 62.

106. The Respondent Parties failed to cure their Fault timely and or about May 7, 2018 entered into Default and Breach of the valid contract between the

Parties. See Appendix, Page 5, Item 63.

107. The Respondent Parties were noticed in the NOTICE OF FAULT - OPPORTUNITY TO CURE that failure to cure their Fault timely shall Constitute the Parties informed Consent, Stipulation and Agreement that a valid contract exists between the Parties in accord with Terms and Conditions contained within the Proffer. See Appendix, Page 5, Item 64.

108. On or about May 23, 2018 Petitioner served on All Respondent Parties a NOTICE OF DEFAULT - CONSENT TO DECREE by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 5, Item 65.

109. The Respondent Parties accepted Petitioner NOTICE OF DEFAULT - CONSENT TO DECREE on or about June 1, 2018 by U.S.P.S. Prepaid Certified Mail by Petitioner at their workplaces. See Appendix, Page 6, Item 66.

110. Petitioners NOTICE OF DEFAULT - CONSENT TO DECREE noticed Respondent Parties that they were in Default and Breach of the valid Contract between the Parties, See Appendix, page 6, Item 67.

111. Respondent Parties failed in their lawful duty to timely Specifically Perform in accord with the terms and conditions contained within the valid Contract between the Parties as demanded in the Proffer. See Appendix, Page 6, Item 68.

112. The Respondent Parties were noticed in the NOTICE OF DEFAULT - CONSENT TO DECREE that failure to cure their Fault timely shall Constitute the Parties informed consent, stipulation and agreement that a valid contract exists between the Parties in accord with all terms and conditions contained within the Proffer. See Appendix, Page 6, Item 69.

113. On or about July 10, 2018 Petitioner served on Respondent Parties a NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND, hereinafter Proffer, by FEDERAL

BUREAU OF PRISONS, hereinafter F.B.O.P., ADMINISTRATIVE REMEDY BP-8 hand delivery by Petitioner at their workplaces. See Appendix, Page 6, Item 70.

114. The Respondent Parties accepted Petitioners Proffer on or about July 10, 2018 by hand delivery by Petitioner at their workplaces. See Appendix, Page 6, Item 71.

115. The Respondent Parties were required in accord with the Proffer to provide Petitioner a Verified Responsive Answer, as defined in the Proffer timely, or in the alternative Specifically Perform in accord with all terms and conditions contained within the Proffer. See Appendix, Page 6, Item 72.

116. The Respondent Parties failed in their lawful duty to provide Petitioner with a Responsive Answer, as stated in the Proffer, or Specifically Perform in the Proffer. See Appendix, Page 6, Item 73.

117. The Respondent Parties were noticed in the Proffer the failure to provide Petitioner with a Responsive Answer shall constitute the Parties informed Consent, Stipulation and Agreement that a valid contract exists between the Parties in accord with all terms and conditions contained within the Proffer. See Appendix, Page 6, Item 74.

118. On or about August 6, 2018 the Parties entered into a valid binding Contract by the Parties informed consent, and stipulation and the Parties agreed to Specifically Perform in accord with all terms and conditions within the valid contract between the Parties, as stated in the Proffer. See Appendix, Page 6, Item 75.

119. On or about August 6, 2018 Petitioner served a NOTICE OF FAULT - OPPORTUNITY TO CURE by FEDERAL BUREAU OF PRISONS, hereinafter, F.B.O.P., ADMINISTRATIVE REMEDY BP-9 by hand delivery by Petitioner at their workplaces. See Appendix, Page 6, Item 76.

120. on or about August 6, 2018 All Respondent Parties accepted NOTICE OF FAULT - OPPORTUNITY TO CURE by petitioner's hand delivery at their workplaces. See Appendix, Page 6, Item 77.

121. Petitioners NOTICE OF FAULT - OPPORTUNITY TO CURE noticed the Respondent Parties that they were in FAULT and would be allowed 21 days to cure their Fault or they would be in DEFAULT and Breach of Contract. See Appendix, Page 6, Item 78.

122. The Respondent Parties failed to cure their Fault timely and or about August 6, 2018 entered into Default and Breach of the valid Contract between the Parties. See Appendix, Page 6, Item 79.

123. on or about August 21, 2018 Petitioner served a NOTICE OF DEFAULT - CONSENT TO DECREE and DEMAND FOR SPECIFIC PERFORMANCE on all Respondent Parties at their workplaces via U.S.P.S. Prepaid Certified Mail by F.B.O.P. ADMINISTRATIVE REMEDY BP-10. See Appendix, Page 6, Item 80.

124. On or about August 24, 2018 Respondent Parties accepted Petitioner's NOTICE OF DEFAULT - CONSENT TO DECREE and DEMAND FOR SPECIFIC PERFORMANCE by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 6, Item 81.

125. Petitioner BP-10 noticed Respondent Parties that they were in Default and Breach of the valid Contract between the Parties. See Appendix, Page 7, Item 82.

126. The Respondent Parties failed in their duty to timely specifically perform in accord with the terms and conditions contained within the valid contract between the Parties as demanded in the BP-10. See Appendix, Page 7, Item 83.

127. on or about September 21, 2018 Petitioner served a NOTICE DEMAND FOR

SPECIFIC PERFORMANCE on F.B.O.P. ADMINISTRATIVE REMEDY BP-11, hereinafter BP-11, on Respondent Parties by U.S.P.S. Prepaid Certified Mail to Respondent Parties at their workplaces. See Appendix, Page 7, Item 84.

128. On or about September 27, 2018 Respondent Parties accepted Petitioners NOTICE DEMAND FOR SPECIFIC PERFORMANCE, hereinafter BP-11 by U.S.P.S. Prepaid Certified Mail at their workplaces. See Appendix, Page 7, Item 85.

129. Petitioner's BP-11 noticed Respondent Parties that Respondent Parties were in Default and Breach of the valid contract between the Parties. See Appendix, Page 7, Item 86.

130. The Respondent Parties failed in their duty to Specifically Perform in accord with terms and conditions contained within the valid contract between the Parties as demanded by the BP-11. See Appendix, Page 7, Item 87.

131. As a result of the Respondent Parties failure in their duty to provide Peitioner with a timely Responsive Answer, the Parties have by informed consent, stipulated and agreed to specifically perform, timely, in accord with all terms and conditions contained with the valid contract between the Parties, by Operation of Law. See Appendix, Page 7, Item 87.

132. The Petitioner has by informed consent and stipulation, agreed to specifically perform the following:

1. To provide for any and all legal and equitable rights belonging to Respondents that arise from the Subject Matter of the valid contract between the Parties. Petitioner hereby gives notice to the Court and All Respondent Parties of Petitioner intent to protect said equitable rights of Respondent Parties. See Appendix, Page 7, Item 89.

133. The Respondent Parties by informed consent, and stipulation have agreed to the following:

1. Consent makes the Laws. See Appendix, Page 7, Item 90, 91, 92, 93.
2. Consent binds the Parties. See Appendix, Page 7, Item 90 - 93.
3. Consent binds the Court. See Appendix, Page 7, Item 90 - 93.
4. Pay Petitioner Liquidated Damages in the Amount of \$52,000,000.00 (Fifty Two Millions) U.S. Dollars.

5. Petitioner has a right to seek Injunctive Relief to compel All Respondent Parties to Specifically Perform in accord with all terms and conditions contained within the Proffer. See Appendix, Page 7, Item 94.

6. Improve the Inmate Care as soon as is practicable. See Appenix, Page 8, Item 95.

7. Pay all Court costs, fees, expenses, bonds, and other cost as required for settlement of this claims. See Appendix, Page 8, Item 96.

8. All Respondent Parties have by the Parties informed Consent, Stipulated and Agreed to be sued in this Forum in accord with the priciples, practices, and maxims in Equity. See Appendix, Page 8, Item 97.

9. A Valid Contract exits between the Parties in accord with the terms and conditions Contained within the Proffer. See Appendix, Page 8, Item 98.

FACTUAL ALLEGATIONS REGARDING GROSS NEGLIGENCE AND DELIBERANCE INDIFFERENCE
134. On or about February 24, 2017 Petitioner began to demonstrate symptoms of severe headache, blurred vision, dizziness, high fever, general malaise, weakness in the extremeties, and loss of appetite. See Appendix, Page 8, Item 99.

135. On or about February 24, 2017 Petitioner verbally reported the mentioned symptoms, several times, to medical staff at OAKDALE F.C.I. and requested medical assistance. See Appendix, Page 8, Item 99.

136. On or about March 7, 2017 Petitioner verbally reported the above

mentioned symptoms and requested medical assistance to security officers LIEUTENANT GOTREAU, LIEUTENANT WILLIS, the ACTING ASSISTANT CAPTAIN and CAPTAIN BENJAMI J. BERMINGHAM at F.C.I. OAKDALE. See Appendix, Page 8, Item 99.

137. On or about March 31, 2017 Medical Staff at Oakdale F.C.I. checked Petitioner's blood pressure and temperature. Petitioner was ordered to leave and not to return to Medical because he was allegedly faking illness. See Appendix, Page, Item 99.

138. Between February 24, 2017 and April 26, 2017 Petitioner's symptoms increased to included the inability to stand, sit up without assistance, severe constipation, vomiting, severe abdominal pain, weight loss, inability to eat or drink without vomiting. See Appendix, Page 8, Item 99.

139. Petitioner, as well a other inmates reported these symptoms to Respondents verbally and in writing at least 20 times and requested medical assistance between February 24, and April 26, 2017. See Appendix, Page 8, Item 99.

140. Between February 24, 2017 and April 26, 2017 Petitioner was repeatedly denied medical attention by Respondents at OAKDALE F.C.I. See Appendix, Page 8, Item 99.

141. On April 26, 2017 Petitioner collapsed at OAKDALE F.C.I. dining hall. See Appendix, Page 8, Item 99.

142. After Petitioner collapsed on April 26, 2017 at oakdale F.C.I. medical staff declared a medical emergency and transported Petitioner to Oakdale community Hospital emrgency room by ambulance.

143. Immediately prior to Petitioner's transport by ambulance to the hospital, while at Oakdale F.C.I. medical unit, Petitioner had an involuntary urge to

vomit/spit fluid. Officer R. CATOIRE "Rocky" forcefully covered Petitioner's mouth to prevent Petitioner from vomiting/spitting up the fluid. Officer R. CATOIRE then smeared the liquid in Petitioner's face and ordered him not to vomit/spit up on his floor. See Appendix, Page 8, Item 99.

144. Petitioner arrived at Oakdale Community Hospital and underwent a series of tests. He was diagnosed with Constipation and returned to Oakdale F.C.I. the same evening. See Appendix, Page 8, Item 99.

145. On or about 26, 2017 Petitioner was returned to Oakdale F.C.I. and placed in Rapides 1 unit, Room 225. Petitioner's condition continued to deteriorate and he made several request for medical assistance from April 27, 2017 through May 09, 2017. Medical staff allegedly checked Petitioner's vital signs and accused Petitioner of faking illness. Petitioner was threatened with being palced in Dsciplinary Confinement if Petitioner continued to complain. See Appendix, Page 8, Item 99.

146. Petitioner's condition continue to deteriorate and May 9, 2017 Oakdale staff transported Petitioner to Oakdale Community Hospital by staff vehicle. On may 9, 2017 4 inmates carried Peitioner to the chow hall staff at Oakdale F.C.I. to explain to the Warden that Petitioner was in dire need of medical attention. The Warden ordered them to take Petitioner to the Medical Department. When Petitioner arrived at Medical, Staff treatened to lock him up in the SHU (Disciplinary Confinement Unit) for faking illness. After further examination the Medical staff realized Petitioner was gravely ill and need emergency medical care. Petitioner was taken to Oakdale Community Hospital on May 9, 2017. See Appendix, Page 8, Item 99.

147. On May 9, 2017 Medical staff at Oakdale Community Hospital examined and ran tests on Petitioner and determined Peitioner was suffering as a result

of a brain tumor. See Appendix, Page 9, Item 100.

148. Petitioner was transported by ambulance to Rapides Regional Medical Center on May 9, 2017 to undergo emergency surgery to remove the brain tumor. See Appendix, Page 9, Item 100.

149. Petitioner underwent emergency surgery at Rapides Regional Medical Center on May 9, 2017. See Appendix, page 9, Item 100.

150. Petitioner was released from Rapides Regional Medical Center on May 15, 2017 and returned to Oakdale F.C.I. See Appendix, Page 9, Item 100.

151. On arrival at Oakdale F.C.I. Petitioner was placed in the S.H.U. (Disciplinary Confinement Unit), in unsanitary and unsuitable conditions for healthy recovery. See Appendix, Page 9, Item 101.

152. DR. ALEXANDRE visited and examined Petitioner while in S.H.U. at Oakdale F.C.I. on May 19, 2017 in the morning, he noted con complication. See Appendix, Page 9, Item 102.

153. On the afternoon on May 19, 2017, the incision from the brain tumor surgery began to leak Cerebro Spinal Fluid (CSF). The sheet at head area of the bed was soaked with C.S.F. See Appendix, page 9, Item 102.

154. Petitioner reported the leaking C.S.F. fluid to officers in S.H.U. on May 19, 2017 and they allegedly notified medical staff at oakdale F.C.I. See Appendix, Page 9, Item 102.

155. A nurse from Oakdale F.C.I. medical department came to the S.H.U. in the evening of May 19, 2017 and examined Petitioner. She allegedly reported the leaking C.S.F. to nurse Mary Thomas at Oakdale F.C.I. Medical Department. See Appendix, Page 9, Item 102.

156. Mary Thomas advised the nurse to keep an eye on it but offered no medical aid at the time. There was no other medical attention until May 24,

2017. See Appendix, Page 9, Item 102.

157. The incision from the surgery began to leak more fluid and Petitioner pleaded for help between May 19, 2017 to May 31, 2017 and was denied proper medical care. Petitioner was fearful for his life during this time and could not get any assistance. See Appendix, Page 9, Item 102.

158. On May 31, 2017 Petitioner returned to Dr. Dowd to have the sutures from the surgery removed. Dr. Dowd was alarmed when he noticed the leaking C.S. Fluid and performed emergency surgery to stop the leaking C.S. Fluid on June 1. 2017. See Appendix, Page 9, Item 103.

159. Petitioner remained at Rapides Regional Hospital Medical Center in recovery from June 1. 2017 until June 3. 2017. See Appendix, page 9, Item 103.

160. While Petitioner was recovering from the anesthesia from surgery he was having bad dreams and crying out in his sleep. When he was awake the security officer in the room began to curse, swear and physically threaten Petitioner because he woke the officer from his nap. The officer placed his hand on his weapon and threatened Petitioner with physical violence if he woke him again. Petitioner was afraid for his safety. See Appendix, page 9, Item 104.

161. Petitioner was returned to Oakdale F.C.I. on June 3. 2017 and placed in the S.H.U. (Disciplinary Confinement Unit). in unsanitary and unsuitable Conditions for recovery from surgery. See Appendix, Page 9, Item 105.

162. On or about August 29. 2017 Petitioner notified Oakdale Medical Staff member Mary Thomas about ongoing symptoms after brain surgery. To date Oakdale Medical Staff has only prescribed Tylenol to Petitioner for ongoing symptoms such as periodic involuntary shaking of the left arm and left leg and two dark spots in the left eye. See Appendix, Page 9, Item 107.

163. On or about February 21, 2019 Petitioner noticed OAKDALE MEDICAL STAFF UNIT that he was experiencing ongoing symptoms post operative including:

- A. Severe headaches.
- B. Eye Blurred Vision in the right eye.
- C. Involuntary shaking of the legs .
- D. Imbalance.
- E. Dizziness. vertigo.
- F. Left arm shaking periodically.
- G. Swelling of head at temple.
- H. Shortness of breath.
- I. Accelerated heartbeat.
- J. Numbness in Arms. periodically.
- K. Numbness and tenderness on left rear side of head.
- L. Weakness of extremities. See Appendix, Page 10, Item 107.

164. Pursuant to UNITED STATES FEDERAL BUREAU OF PRISONS (USFBOP) hereinafter Program Statement P.S. 6013.01. Petitioner has a rights to access health service at Oakdale F.C.I. See Appendix, Page 10, Item 108.

165. Pursuant to UNITED STATES FEDERAL BUREAU OF PRISONS (USFBOP) Program Statement P.S. 6013.01 Petitioner has the right to report complaints of Pain to the health care provider and have pain assessed and manged in a timely and medically acceptable manner. See Appendix, Page 10, Item 108.

166. Pursuant to UNITED STATES FEDERAL BUREAU OF PRISONS (USFBOP) Program Statement P.S. 3420.11 employees at Oakdale F.C.I. may not use any force beyond what is reasonably necessary to subdue an inmate. See Appendi, Page 10, Item 109.

167. Pursuant to UNITED STATES FEDERAL BUREAU OF PRISONS (USFBOP) Progrma

Statement P.S. 342011 employees at Oakdale F.C.I. may not use profane, obscene or abuse language when communicating with inmates. See Appendix, Page 10, Item 109.

168. Between February 14, 2017 and April 26, 2017 Petitioner made more than 20 oral and/or written requests to staff members at Oakdale F.C.I. indicating he was seriously ill and needed immediate medical treatment. See Appendix, Page 10, Item 110.

169. Between February 14, 2017 and April 26, 2017 Respondents repeatedly denied Petitioner medical care, without examining Petitioner and claiming Petitioner was faking illness. See Appendix, Page 10, Item 110.

170. As a direct and proximate result of the acts and omissions, Deliberate Indifference and Gross Negligence of the Respondents, Petitioner is suffering ongoing and continuous irreparable injuries such as blurred vision, impaired motor skills, periodic uncontrollable shaking of the extremities, memory problems, attention deficit disorder (ADD), periodic shortness of breath, difficulty with reading comprehension and general decline in quality of life. See Appendix, page 10, Item 111.

171. Prior to this episode Petitioner was in good health and physical condition. Petitioner was exercising and running about five days each week. Since the incident Petitioner has been unable to resume exercise and running routine and is in a much worse overall state of health.

172. The Act or Omissions of the Respondents denying Petitioner's Right to timely and appropriate medical care constitutes Deliberate Indifference and Gross Negligence on the part of the Respondents.

173. The Deliberate Indifference and Gross Negligence as a direct and proximate result of Respondent's Acts and/or Omissions has caused much

unnecessary pain, suffering and irreparable injury to Petitioner.

174. The Deliberate Indifference and Gross Negligence as a direct and proximate result of Respondent's Acts and/or Omissions has caused and continues to cause unnecessary pain, suffering and irreparable injury to Petitioner.

175. The Deliberate Indifference and Gross Negligence as a direct and proximate result of Respondents Acts and/or Omissions unnecessarily placed Petitioners life and future quality of life in great jeopardy.

176. Pursuant to rules of conduct and training for the United States Federal Bureau of Prisons staff (USFBOP), employees are to exercise the care, Custody and Control of inmates in their custody. Respondents at Oakdale F.C.I. failed in the care of Petitioner when he was unable to care for himself. This is a violation of the training standards of the UNITED STATES FEDERAL BUREAU OF PRISONS (USFBOP).

177. this NOTICE is not intended to threaten, harass or intimidate any officers, agents, or employees of the UNITED STATES FEDERAL BUREAU OF PRISONS (USFBOP). The purpose of this notice is to redress a grievance concerning the Deliberate Indifference and Gross Negligence by staff members, officers, and employees at Oakdale F.C.I. and their supervisors providing healthcare to Petitioner.

178. Any officer, agent or employee of the United States Federal Bureau of Prisons hereinafter (USFBOP), that subjects Petitioner to any type of restriction, harassment, punishment, penalty, fine(s), or disciplinary action, as a result of Petitioner seeking redress of grievance agrees to be enjoined and become a Respondent Party to any claims that arise from the Subject Matter of this Suit in Equity.

179. Default by All Respondent Parties constitutes the Parties informed consent, stipulation and agreement that the Respondent Parties shall pay any and all costs, fees, bonds, expenses or the like as needed for Petitioners to enforce the Specific Performance of the Respondent Parties as is contained in the valid contract between the Parties.

FIRST CAUSE OF ACTION - BREACH OF CONTRACT

180. Petitioner restates and realleges each and every allegation contained in Item #1-179, supra, as if fully restated herein.

181. All Respondents failed to provide Petitioner with the required Responsive Answer, timely, or in the alternative, Specifically Perform in accord with the terms and conditions contained within the Proffer. See Appendix, Page 10, Item 112.

182. The informed consent, stipulation and agreement of the Parties in accord with terms and conditions contained in the Proffer, NOTICE OF FAULT - OPPORTUNITY TO CURE, NOTICE OF DEFAULT - CONSENT TO DECREE, and DEMAND FOR SPECIFIC PERFORMANCE constitutes a valid and enforceable contract between the Parties, by Operation of Law. See Appendix, Page 10, Item 113.

183. The Respondents failed in their Duty to Specifically Perform in accord with terms and conditions contained within the valid contract between the Parties and are now in Breach of the valid and enforceable contract between the Parties. See Appendix, Page 10, Item 114.

184. The Parties have by informed consent, stipulated and agreed that the Petitioner has been irreparably injured as a direct and proximate result of the Acts and/or Omissions of the Respondents. See Appendix, Page 10, Item 115.

185. Wherefore, the Petitioner respectfully demands that this Court enter

Decree Adjudging All Respondent Parties liable and order all Respondents to pay Liquidated Damages of \$52,000,000.00 (Fifty Two Millions) U.S. Dollars to be pay to Patitioner forthwith and other Damges as agreed by the Parties in accord with the terms and conditions of the valid and enforceable contract between the Parties. See Appendix, Page 10, Item 116.

SECOND CAUSE OF ACTION - DELIBERATE INDIFFERENCE AND GROSS NEGLIGENCE

186. Petitioner restates and realleges each and every allegation contained in Item #1-185, supra, as if fully restated herein.

187. In accord with the B.OP.P. Policy and established laws Respondents have a duty to provide Petitioner with timely, and adequate health care. See Appendix, Page 10, Item 117.

188. In accord with the informed consent, stipulation and agreement of the Parties, as stated in the valid and enforceable contract between the Parties, Respondents failed in their duty to provide the Petitioner with timely, adequates health care. See Appendix, Page 10, Item 118.

189. In accord with the informed consent, stipulation and agreement of the Parties, as stated in the valid and enforceable contract between the Parties as a result of respondents failure to provide timely and adequate health care to Petitioner, Petitioner is irreparably injured as a direct and proximate result of the Acts and/or Omissions of the Respondents. See Appendix, Page 10, Item 119.

190. Wherefore, The Petitioner respectfully demands that this Court issue a Decree adjudging all Respondent Parties liable and order all Respondents to pay Petitioner Liquidated Damages of \$52,000,00.00 (Fifty Two Millions) U.S. Dollars to be paid to Petitioner, forthwith, for the irreparable injury(s) caused to Petitioner as a direct and proximate result of the Respondents

Deliberate Indifference and Gross negligence in providing Petitioner with timely and adequate healthcare as is agreed by the Parties as stated in the valid contract between the Parties. See Appendix, Page 10, Item 120.

THIRD CAUSE OF ACTION - SPECIFIC PERFORMANCE

191. Petitioner restates and realleges each and every allegation contained in Item #1-190, supra, as if fully restated herein.

192. All Parties have by informed consent, stipulated and agreed that a valid contract exists between the Parties and that the Parties shall specifically Perform in accord with all terms and conditions contained with the valid contract between the Parties. See Appendix, Page 11, Item 121.

193. As of the date of this filing of this Complaint All Respondent Parties have failed to Specifically Perform in their duties, in accord with all terms and conditions of the valid contract between the Parties and are in Breach of the valid contract between the Parties. See Appendix, Page 11. Item 122.

194. Pettitioner has completed all conditions precedent and, by Operation of Law, Petitioner has a right to a Decree issued by This Court ordering All Respondents to Specifically Perform in accord with all terms and conditions contained within the valid contract between the Parties. See Appendix, Page 11, Item 123..

195. Wherefore, The Petitioner respectfully demands that This Court enter a Decree adjudging All Respondent parties liable and order All Respondents to pay Liquidated Damages of \$52,000,000.00 (Fifty Two Millions)U.S. Dollars to be paid to Petitioner forthwith and other Damages as agreed by the Parties in accord with all terms and conditions of the valid and enforceable contract between the Parties. See Appendix, Page 11, Item 124.

196. The Parties by their informed consent and stipulation have agree, as

stated in the valid and enforceable contract between the Parties, that:

1. Consent of the Parties makes the Law.
2. Consent of the Parties binds the Parties.
3. Consent of the Parties binds the Court.
4. A valid contract exists by informed consent, stipulation and agreement of the Parties.
5. Petitioner has the right to Injunctive Relief.
6. Respondents shall pay Liquidated Damages of \$52,000,000.00 (Fifty Two Millions) U.S. Dollars.
7. Respondents shall pay all costs, fees, bonds as needed to enforce this claim.
8. All Respondent Parties have by the Parties informed consent, Stipulated and Agreed to be sued in this Forum in accord with the principles, practices and maxims in Equity.
9. Any issue concerning Respondents failure to SPECIFICALLY PERFORM will be decided in This Court in accord with rules, practices, principles and maxims in Equity.
10. The F.B.O.P.. will correct the medical procedures at OAKDALE FEDERAL CORRECTIONAL INSTITUTION as soon as is practicable to prevent any other inmates from suffering unnecessarily because of the Deliberate Indifference and Gross Negligence by staff, employees and offices at OAKDALE F.C.I. See Appendix, Page 11, Item 125.

RELIEF DEMANDED

Petitioner hereby respectfully demands that This Court issues a Decree ordering All Respondents to Specifically Perform the following forthwith:

1. Pay Petitioner \$52,000,000.00 (Fifty Two Millions) U.S. Dollars in

Liquidated Damages for irreparable injuries caused as a direct and proximate result of the Acts and/or Omissions by All Respondent Parties as agreed by the informed consent, stipulation and agreement of the Parties and in accord with all terms and conditions of the valid contract between the Parties.

2. F.B.O.P. will correct the medical procedures at OAKDALE FEDERAL CORRECTIONAL INSTITUTION as soon as is practicable to prevent any other inmates from suffering unnecessarily because of the Deliberate Indifference and Gross Negligence by staff, employees and officers at OAKDALE F.C.I.

3. Pay all Court costs, fees, expenses, bonds, and other costs as required for settlement of this Suit.

4. Petitioner respectfully request that this Suit be heard before a Judge or panel of Judges and not before a Jury.

VERIFICATION

LOUISIANA STATE)
)
ALLEN PARISH) ss

- 1) This complaint (Bill in Equity) is not being presented for any improper purpose(s).
- 2) The claims and defenses in this Complaint (Bill in Equity) are warranted by existing laws.
- 3) The factual allegations herein have evidentiary support.
- 4) Denial of factual allegation(s) shall be warranted only upon presentment of documented proof(s) to the Contrary and verified under solemn oath.
- 5) I, Rafael Daniel De La Cruz Jimenez, Petitioner, makes solemn affirmation that the charges/allegations make in the foregoing Complaint (Bill in Equity) are true, correct and materially complete as of Petitioner's own first-hand actual knowledge, under Penalty of Perjury.
- 6) Petitioner is legal age of majority, of sound mind, is not under any legal disability(s), and competent to testify if Called Upon. Petitioner made these statements as a free act and Deed and has not made the statement/allegations etc., under threat, duress, or coercion.

Executed Under Signature and Seal on 28th day of June, 2019.

Rafael Daniel De La Cruz Jimenez (SEAL)
Rafael Daniel De La Cruz Jimenez, Petitioner

Kathy Jordan
NOTARY PUBLIC 29997


My Commission Expires: at death

SEAL

CORPORATE DISCLOSURE STATEMENT

Rafael Daniel De La Cruz Jimenez, Petitioner, is not a corporation or entity and does not own any stock in any corporation in relation to any party to this Suit.

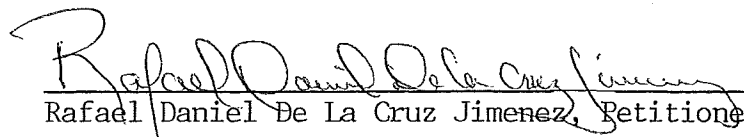
Executed Under Signature and Seal on 13 dya of November, 2019.

 (SEAL)
Rafael Daniel De La Cruz Jimenez Petitioner

CORPORATE DISCLOSURE STATEMENT

Rafael Daniel De La Cruz Jimenez, Petitioner, is not a corporation or entity and does not own any stock in any corporation in relation to any party to this Suit.

Executed Under Signature and Seal on 13 dya of November, 2019.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Petitioner

CERTIFICATE OF SERVICE

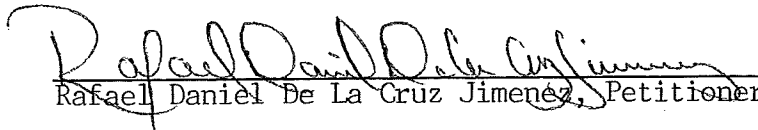
LOUISIANA STATES)

ALLEN PARISH)

I, Rafael Daniel De La Cruz Jimenez, Petitioner, do hereby solemnly swear to affirm under solemn oath that the Petitioner did file the attached Summons and Complaint (Bill in Equity) in the UNITED STATES COURT OF FEDERAL CLAIMS to OFFICE OF THE CLERK at the address below by USPS Prepaid Certified Mail # 7018 1830 0000 5218 0628 and Return Receipt # 9590 9402 2652 6336 8131 46 on 13 day of November, 2019.

UNITED STATES COURT OF FEDERAL CLAIMS
717 MADISON PLACE NW.,
WASHINGTON, DC 20439

Executed Under Signature and Seal on 13 day of November, 2019.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Petitioner

3 Copies to Court:
1 to Clerk
1 to Judge
1 File stamped and return to Petitioner

NOTICE TO AGENT IS NOTICE TO PRINCIPAL
NOTICE TO PRINCIPAL IS NOTICE TO AGENT
(Applicable to all Successors and Assigns)

APPENDIX

Item Number 1:

See Exhibit A, page 9, Items 2, 3, page 11, Item 8, Time Is Of The Essence, Page 10, Items 2, 3, Page 11, Items 4-7, Page 12, Item 8, and Time Is Of The Essence; Exhibit C, Page 1, Time Is Of The Essence and Demand For Liquidated Damages; Exhibit E, Page 2, Items 6-12; Exhibit F Para-1, Page 2, Liquidated Damages, Relief Requested, Rule Of Law, Responsive Answer Required, Forum Selection Clause, Time Is Of The Essence; Exhibit H, Page 1, Para-1, Page 2 Liquidated Damages, Relief Requested, Rule of Law, Responsive Answer Required, Forum Selection Clause, Time Is Of The Essence.

Item Number 2:

See Exhibit A Page 8, Item 36, Page 9, Items 2 and 3, Page 10 Items 4-7, Page 11, Item 8, Time Is Of The Essence; Exhibit B, Page 1, Para-1, Page 9, Item 36, Page 10, Items 1-3, Page 11, Items 4-7, Page 12, Item 8, Time Is Of The Essence; Exhibit C, Page 1, Time Is Of The Essence, Demand For Liquidated Damages; Exhibit D, Page 1, Time Is Of The Essence, Demand For Liquidated Damages; Exhibit E, Page 2, Items 4-12; Exhibit F, Page 1, Para-1, Page 2 Liquidated Damages, Relief Requested, Injunctive Relief, Rule of Law, Responsive Answer Required, Forum Selection Clause, Time Is Of The Essence; Exhibit G, Page 1, Para-1, Page 2, Liquidated Damages, Relief Requested, Rule Of Law, Responsive Answer Required, Forum Selection Clause, Time Is Of The Essence; Exhibit H, Page 1, Para-1, Page 2, Liquidated Damages, Relief Requested, Rule Of Law, Responsive Answer Required, Forum Selection Clause, Time Is Of The Essence.

Item Number 3:

See Item Number 1, Supra.

Item Number 4:

See Exhibit A, Page 8, Item 36-40; Exhibit B, Page 9, Items 36-40; Exhibit C, Page 1, DEMAND FOR LIQUIDATED DAMAGES.

Item Number 5:

United States Constitution, Article III, Sec. 2, Cl. 1, See Exhibit A, Page 10, Item 7; Exhibit B, Page 11, Item 7; Exhibit E, Page 2, Item 11; Exhibit F, Page 2, Item Forum Selection, Clause; Exhibit H, Page 2, Forum Selection Clause. The United States is a Party, See Exhibit A, Page 1, Item 1; Exhibit B, Page 2, Item 1; Exhibit E, Page 1, Para-1.

Item Number 6:

See Exhibit A, Page 10, Item 7; Exhibit B, Page 11, Item 7; Exhibit E, Page 2 Item 11; Exhibit F, Page 2, Forum Selection Clause; Exhibit G, Page 2, Forum Selection Clause; Exhibit H, Page 2, Forum Selection Clause; United States Constitution, Article III, Sec. 2, CL. 1.

APPENDIX

Item Number 7:
See Item Number 6, Supra.

Item Number 8:
See Page No. 1 of Complaint.

Item Number 9:
See Item Number 4, Supra.

Item Number 10:
See Item Number 4, Supra.

Item Number 11:
See Item Number 1, Supra.

Item Number 12:
See Complaint Page 1.

Item Number 13:
U.S. Constitution Article III, Section 2, Clause 1.

Item Number 14:
See Complaint Page 1.

Item Number 15:
See Complaint Page 4, Item Number 2.

Item Number 16:
See Item 4, Supra.

Item Number 17:
See Exhibits A, B, C, D, E, F, G, H.

Item Number 18:
See Item 1, Supra.

Item Number 19:
Exhibit A, Page 10 Item 4; Exhibit B Page 11 Item 4; Exhibit C Page 1;
Exhibit D Page 1; Exhibit E Page 3 Item 6; Exhibit F Page 2 Liquidated
Damages, Relief Requested; Exhibit G Page 2 Liquidated Damages; Exhibit H
Page 2 Liquidated Damages.

Item Number 20:
See Exhibit A.

Item Number 21:
See Exhibit B.

APPENDIX

Item Number 22:
See Exhibit C.

Item Number 23:
See Exhibit A Page 9 Item 3, Page 11 Time Is Of The Essence; Exhibit B Page 10 Item 3, Page 12 Time Is Of The Essence; Exhibit E Page 2 Item 10, 12; Exhibit F Page 2 Responsive Answer Required, Time Is Of The Essence; Exhibit G Page 2 Responsive Answer Required, Time Is Of The Essence; Exhibit H Page 2 Responsive Answer Required, Time Is Of The Essence.

Item Number 24:
See Exhibit A Page 9 Item 3, Page 11 Time Is Of The Essence; Exhibit B Page 1 Time Is Of The Essence, Page 10 Item 3, Page 12 Time Is Of The Essence; Exhibit C Page 1 Time Is Of The Essence; Exhibit D Page 1 Time Is Of The Essence; Exhibit E Page 2 Items 10, 12; Exhibit F Responsive Answer Required, Time Is Of The Essence; Exhibit G Page 2 Responsive Answer Required, Time Is Of The Essence; Exhibit H Page 2 Responsive Answer Required, Time Is Of The Essence.

Item Number 25:
See Exhibits C, D.

Item Number 26:
See Exhibit E.

Item Number 27:
See Exhibit F.

Item Number 28:
See Exhibit G.

Item Number 29:
See Exhibit H.

Item Number 30:
See Exhibits E, F, G, H.

Item Number 31:
See Exhibit A Page 10 Item 7; Exhibit B Page 11 Item 7; Exhibit E Item 11; Exhibit F Forum Selection Clause; Exhibit G Forum Selection Clause; Exhibit H Forum Selection Clause.

Item Number 32:
See Exhibits A, B, C, D, E, F, G, H.

Item Number 33:
See Complaint Pages 1-8.

APPENDIX

Item Number 34:
See Item Number 5, Supra.

Item Number 35:
See Item Number 5, Supra.

Item Number 36:
See Exhibits A, B, C, D, E, F, G, H.

Item Number 37:
See Item Number 33, Supra.

Item Number 38:
See Item Number 33, Supra.

Item Number 40:
See Item Number 33, Supra.

Item Number 43:
See Item Number 4, Supra.

Item Number 44:
See Item Number 5, Supra.

Item Number 45:
See Item Number 5, Supra.

Item Number 46:
See Item Number 5, Supra.

Item Number 47:
See Item Number 33, Supra.

Item Number 48:
See Item Number 33, Supra.

Item Number 49:
See Item Number 33, Supra.

APPENDIX

Item Number 50:
See Item Number 33, Supra.

Item Number 51:
See Item Number 33, Supra.

Item Number 53:
See Item Number 5, Supra.

Item Number 54:
See Exhibit A.

Item Number 55:
See Exhibit A, Pages 12-14.

Item Number 56:
See Item Number 23, Supra.

Item Number 57:
See Item Number 23, Supra.

Item Number 58:
See Exhibits B, C, D, E, F, G, H.

Item Number 59:
See Item Number 1, Supra.

Item Number 60:
See Exhibit B.

Item Number 61:
See Exhibit B Pages 13 - 15

Item Number 62:
See Exhibit B.

Item Number 63:
See Exhibit C, D.

Item Number 64:
See Exhibit B.

Item Number 65:
See Exhibit C.

APPENDIX

Item Number 66:
See Exhibits C, Pages 3, 5; Exhibit D Pages 3, 5.

Item Number 67:
See Exhibits C, D.

Item Number 68:
See Exhibits C, D.

Item Number 69:
See Exhibits C, D.

Item Number 70:
See Exhibits A, E.

Item Number 71:
See Exhibit E.

Item Number 72:
See Exhibit E Page 2 Item 10.

Item Number 73:
See Exhibit F Page 1 Para-1.

Item Number 74:
See Exhibit F Page 1 Para-1.

Item Number 75:
See Exhibit F Page 1, Para-1.

Item Number 76:
See Exhibit F.

Item Number 77:
See Exhibit F.

Item Number 78:
See Exhibit F.

Item Number 79:
See Exhibit F.

Item Number 80:
See Exhibit G.

Item Number 81:
See Exhibit G Page 1.

APPENDIX

Item Number 82:
See Exhibit G Page 1, Para-1.

Item Number 83:
See Exhibit G Page 1, Para-1.

Item Number 84:
See Exhibit H.

Item Number 85:
See Exhibit H Pages 1, 3.

Item Number 86:
See Exhibit H Page 1, Para-1.

Item Number 87:
See Exhibit H, Page 1, Para-1.

Item Number 88:
See Exhibit H Page 2 Rule of Law.

Item Number 89:
See Exhibit H Page 2 He Who Seeks Equity Must Do Equity.

Item Number 90:
See Exhibit A Page 9 Item 2; Exhibit B Page 10, Item 2; Exhibit C Page 1;
Exhibit D Page 1; Exhibit E Page 2, Item 9; Exhibit F Page 2, Rule of Law;
Exhibit G Page 2, Rule of Law; Exhibit H Page 2, Rule of Law.

Item Number 91:
See Item Number 90, Supra.

Item Number 92:
See Item Number 90, Supra.

Item Number 93:
See Exhibit A Page 10, Item 4; Exhibit B Page 11, Item 4; Exhibit C Page 1
Demand For Liquidated Damages; Exhibit D Page 1, Demand For Liquidated
Damages; Exhibit E Page 2, Item 6; Exhibit F Page 2, Liquidated Damages;
Exhibit G Page 2, Liquidated Damages; Exhibit H Page 2, Liquidated Damages.

Item Number 94:
See Exhibit A Page 10, Item 5; Exhibit B Page 11, Item 5; Exhibit C Page 1;
Exhibit D, Page 1; Exhibit E Page 2, Item 8; Exhibit F Page 2, Injunctive
Relief; Exhibit G Page 2, Relief Requested; Exhibit H Page 2, Relief
Requested.

APPENDIX

Item Number 95:

See Exhibit A Page 10, Item 6; Exhibit B Page 1, Para-1, Page 11, Item 6; Exhibit C Page 1; Exhibit D, Page 1; Exhibit E Page 2, Item 12; Exhibit F, Page 2, Time Is Of The Essence; Exhibit G Page 2, Time Is Of The Essence; Exhibit H Page 2 Time Is Of The Essence.

Item Number 96:

Exhibit A Page 10, Costs and Fees; Exhibit B, Page 11, Costs and Fees; Exhibit C Page 1; Exhibit D, Page 1; Exhibit E Page 1, Para-1, Page 2, Item 9, 12; Exhibit F Page 1, Para-1, Page 2, Rule of Law, Time Is Of The Essence; Exhibit G Page 1, Para-1, Page 2, Rule of Law, Time Is Of The Essence; Exhibit H, Page 1, Para-1, Page 2, Rule of Law, Time Is Of The Essence.

Item Number 97:

See Item Number 5, Supra.

Item Number 98:

See Item Number 1, Supra.

Item Number 99:

See Exhibit J, Page 1-4, Record of Petitioner visits to Oakdale Medical Unit Staff, hereinafter "OMUS"; Exhibit J, Page 5, Petitioner reported severe headache to OMUS; Exhibit J, Page 6, Petitioner reported severe headache to OMUS; Exhibit J, Page 7, Petitioner reported severe headache to OMUS; Exhibit J, Page 8, Petitioner reported to OMUS with symptoms; Exhibit J, Page 9, Petitioner reported to OMUS for ECG; Exhibit J, Page 10, Petitioner reported to OMUS with symptoms of headache, nausea, vomiting; Exhibit J, Page 11, Petitioner reports to OMUS with worsening symptoms, Petitioner informs nurse Mary Thomas of family history of brain tumors; Exhibit J, Page 12, Petitioner reports symptoms worsening including dizziness and giddiness; Exhibit J, Page 13, Petitioner is issued medication for headaches; Exhibit J, Page 15, Petitioner reports to OMUS symptoms worsening including severe headache and vomiting for 48 hours; Exhibit J, Page 16, Petitioner reports to medical that symptoms are worsening including can't keep down food or liquids and vomiting for more than three days and headaches increasing; Exhibit J, Page 17, Petitioner receives headache medication from OMUS; Exhibit J, Page 18, Petitioner reports symptoms increasing to OMUS; Exhibit J, Page 19, Petitioner reports to OMUS the inability to walk without assistance, severe headache, vomiting, unable to sit up without assistance, and weakness in extremities; Exhibit J, Page 20, Petitioner reports symptoms worsening to OMUS; Exhibit J, Page 21, Petitioner reports ongoing and worsening symptoms to OMUS including inability to walk, sit up, eat, drink and unable to have a bowel movement for about three weeks; Exhibit J, Pages 22, 23, Petitioner reports worsening symptoms to OMUS; Exhibit J, Page 24 Petitioner reported to be in severe pain and acutely ill by OMUS; Exhibit J, Page 25, Petitioner sent to Oakdale Hospital and diagnosed with constipation; Exhibit J, Pages 26-29, Petitioner carried to OMUS by inmates after collapsing in Oakdale F.C.I. chow hall. Petitioner was transported to Oakdale Hospital. Petitioner was semi-conscious at Oakdale Medical Unit; Exhibit J, Pages 31, 31,

APPENDIX

Petitioner diagnosed with constipation at Oakdale Medical Unit; Exhibit J, Page 30, 31, Petitioner diagnosed with constipation at Oakdale Hospital Exhibit J, Pages 32-35, Petitioner requests help from Oakdale Medical Department; Exhibit J, Pages 36-38, Record of Petitioners visits to OMUS requesting help.

Item Number 100:

See Exhibit J, page 39-42, Petitioner transported to Rapides Regional Medical Center after collapsing at Oakdale F.C.I.; Exhibit J, Page 43, Report from surgeon, Dr. Dowd at Rapides Regional Medical Center regarding brain surgery; Exhibit J, Page 44-46, Report by surgeon Dr. Dowd regarding diagnosis and surgery for brain tumor; Exhibit J, Page 49-51, record regarding Petitioners brain tumor by Oakdale Medical Unit Staff, hereinafter, OMUS; Exhibit J, Pages 52, 53, MRI report confirming brain tumor by Rapides Regional Medical Center; Exhibit J, Pages 56, Record of brain surgery by OMUS; Exhibit J, Page 57 Report from Rapides Medical Center regarding surgery for brain tumor; Exhibit J, pages 58-61, Record of Brain Surgery and Discharge Order report by OMUS; Exhibit J, Page 62, Discharge report by Rapides Regional Medical Center.

Item Number 101:

Exhibit J, Pages 63-66, Report by Oakdale Medical Unit Staff, "OMUS," regarding Petitioners Discharge from Rapides Regional Medical Center and return to SHU at Oakdale F.C.I.

Item Number 102:

Exhibit J, pages 69-71, Records of Leaking Cerebral Spinal Fluid, "CSF" by Oakdale Medical Unit Staff, "OMUS".

Item Number 103:

Exhibit J, Pages 72-75, Report of Emergency Surgery for Leaking Cerebral Spinal Fluid by Oakdale Medical Unit Staff.

Item Number 104:

Exhibit J, Pages 76-83, Post operative report from emergency surgery for cerebral spinal fluid leak repair.

Item Number 105:

Exhibit J, Pages 84-87, Report of Discharge from Hospital and return to Oakdale S.H.U. for recovery.

Item Number 106:

Exhibit M, page 1,, Petitioners request to staff regarding ongoing symptoms post surgery.

APPENDIX

Item Number 107:

Exhibit M, Pages 2 -4, Report to Oakdale Medical Unit Staff by Petitioner regarding ongoing symptoms post operative.

Item Number 108:

See Exhibit K, Pages 89-92.

Item Number 109:

See Exhibit L, Pages 93-95.

Item Number 110:

See Item Number 99, supra.

Item Number 111:

See Exhibit M, Pages 1-3.

Item Number 112:

See Item Number 23, Supra.

Item Nuymber 113:

See Item Number 1, Supra.

Item Number 114:

See Item Number 2, Supra.

Item Number 115:

See Item Number 4, Supra.

Item Number 116:

See Item Number 19, Supra.

Item Number 117:

See Exhibit K, Pages 89-92.

Item Number 118:

See Item Number 1, Supra.

Item Number 119:

See Item Number 4, Supra.

Item Number 120:

See Item Number 19, Supra.

APPENDIX

Item Number 121:
See Item Number 1, Supra.

Item Number 122:
See Item Number 2, Supra.

Item Number 123:
See Item Number 1, Supra.

Item Number 124:
See Items Number 1 and 19, Supra.

Item Number 125:
See Item Number 1, Supra.

EXHIBIT 2

RESPONDENT'S MOTION TO DISMISS RCFC 12(b)(1) and 12(b)(6)

ORIGINAL

IN THE UNITED STATES COURT OF FEDERAL CLAIMS

RAFAEL DANIEL
DE LA CRUZ JIMENEZ,

Plaintiff,

v.

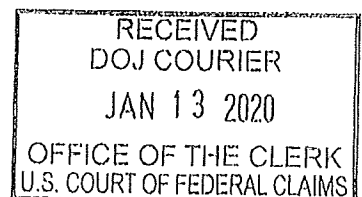
THE UNITED STATES,

Defendant.

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)No. 19-1761C
(Senior Judge Wolski)DEFENDANT'S MOTION TO DISMISS

Pursuant to United States Court of Federal Claims Rules 12(b)(1) and 12(b)(6), defendant, the United States, respectfully requests that the Court dismiss the complaint filed by *pro se* plaintiff, Rafael Daniel De La Cruz Jimenez, for lack of jurisdiction and failure to state a claim. Here, Mr. De La Cruz Jimenez's complaint is primarily based on breach of a purported contract with various Federal Bureau of Prisons (BOP) officials, deliberate indifference and gross negligence related to his medical care in prison, and specific performance of the purported contract, as well as other unclear allegations. Dkt. No. 1.

The Tucker Act waives sovereign immunity for claims against the United States in this Court, not sounding in tort, that are founded upon money-mandating provisions of the United States Constitution, a federal statute or regulation, or an express or implied contract with the United States. *See* 28 U.S.C. § 1491(a)(1); *United States v. Mitchell*, 463 U.S. 206, 216 (1983); *United States v. Testan*, 424 U.S. 392, 400 (1976); *Smith v. United States*, 709 F.3d 1114, 1116 (Fed. Cir. 2013); *Todd v. United States*, 386 F.3d 1091, 1094 (Fed. Cir. 2004). When ruling on a motion to dismiss for lack of jurisdiction, the Court must "accept as true all undisputed facts asserted in the plaintiff's complaint and draw all reasonable inferences in favor of the plaintiff." *See Trusted Integration, Inc. v. United States*, 659 F.3d 1159, 1163 (Fed. Cir. 2011) (citing *Henke*



v. United States, 60 F.3d 795, 797 (Fed. Cir. 1995)). However, the leniency afforded to a *pro se* plaintiff with respect to formalities does not relieve them from satisfying jurisdictional requirements. See *Kelley v. Secretary, US. Dept. of Labor*, 812 F.2d 1378, 1380 (Fed. Cir. 1987). Additionally, a motion to dismiss pursuant to RCFC 12(b)(6) will be granted if the facts asserted in the complaint do not entitle the plaintiff to a legal remedy. *Lindsay v. United States*, 295 F.3d 1252, 1257 (Fed. Cir. 2002). The complaint must contain “a short and plain statement of the claim showing that the pleader is entitled to relief.” RCFC 8(a)(2). The pleading standard set forth in RCFC 8 does not require “detailed factual allegations,” but does demand more than “unadorned, the-defendant-unlawfully-harmed-me accusation[s].” *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009). Labels, conclusions, and conclusory allegations are not entitled to the assumption of truth. See *Ashcroft*, 556 U.S. at 680; *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 555 (2007).

Here, the Court should dismiss the complaint because the substance of the allegations are clearly directed at Federal officials, over which this Court does not possess jurisdiction. *Hairston v. United States*, 99 Fed. Cl. 695, 697-98 (2011) (citing *Brown v. United States*, 105 F.3d 621, 624 (Fed. Cir. 1997) (“*Bivens* actions ... lie outside the jurisdiction of the Court of Federal Claims.”)). And allegations that the BOP failed to provide appropriate medical care are claims sounding in tort or under the Eighth Amendment, over which this Court also lacks jurisdiction. *Trafny v. United States*, 503 F.3d 1339, 1340 (Fed. Cir. 2007).

Additionally, despite his conclusory allegations of a contract, Mr. De La Cruz Jimenez has not alleged all the requisite elements of a contract with the United States or Federal officials, nor can he establish them. He appears to allege that a contract was created when BOP officials did not respond to his demand for \$52 million or what he deems “informed consent, stipulated

and agreed.” Dkt. No. 1 at 11; Dkt. No. 1-2. This conclusory allegation of a contract fails to allege or establish: (1) lack of ambiguity in offer and acceptance; (2) mutuality of intent to contract; (3) sufficient conduct by a Government representative having actual authority to bind the Government in contract; and (4) consideration. *Pennsylvania Dep't of Pub. Welfare v. United States*, 48 Fed. Cl. 785, 787-88 (2001) (citing *Nevin v. United States*, 43 Fed.Cl. 151 (1999), *aff'd*, 232 F.3d 912 (Fed.Cir.2000)). As such, complaint counts one and three must also be dismissed under Rule 12(b)(6).

Finally, it does not appear that transferring the complaint to district court on plaintiff's inadequate medical care claim “is in the interests of justice.” 28 U.S.C. § 1631 (this Court may transfer the complaint to the appropriate court when it determines that it lacks jurisdiction and transfer “is in the interests of justice”); *Hairston*, 99 Fed. Cl. at 698 (discussing merits of prisoner medical care claim and declining to transfer the complaint to district court). To succeed on a claim of inadequate medical care in prison brought under the Eighth Amendment and 42 U.S.C. § 1983, a plaintiff must show that the prison displayed “deliberate indifference to serious medical needs.” *Id.* (citations omitted). The first element, “‘deliberate indifference,’ describes the state of mind required of the prison officials involved and must rise to a level beyond ‘inadvertent failure to provide adequate medical care’ or mere negligence in treating or diagnosing a medical condition.” *Id.* at 699. The second element, “‘serious medical needs,’ is typically satisfied when the plaintiff has a condition ‘that has been diagnosed by a physician as requiring treatment or ... that is so obvious that a lay person would easily recognize the necessity for a doctor's attention.’” *Id.*

Mr. De La Cruz Jimenez describes the alleged lack of medical care and mistreatment that occurred from approximately February 2017 to June or August 2017. Dkt. No. 1 at 30-38.

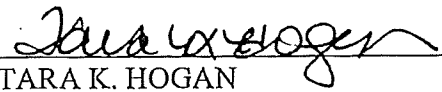
However, his medical records suggest that he was properly treated and continued to receive care by prison medical staff over the course of several months related to various medical issues. Dkt. No. 1-2 at 64-98. Only later did medical staff discover the brain mass that appears to have been the underlying cause of his medical issues. *Id.* at 102-123. Once identified, surgery was performed and there was sufficient follow-up care, including additional surgery. *Id.* at 121-149. As such, it does not appear that Mr. De La Cruz Jimenez can show the “wanton state of mind” necessary for the first element of his claim when he received medical care that does not appear to be negligent, let alone “deliberate indifference.” *Hairston*, 99 Fed. Cl. at 699. And discovery of the brain mass seems to undercut any suggestion that his medical need was “so obvious that a lay person would easily recognize the necessity for a doctor’s attention.” *Id.*

Accordingly, the Court should dismiss Mr. De La Cruz Jimenez’s complaint for lack of jurisdiction and failure to state a claim for relief. And it does not appear that transfer of the prison medical care claim would be in the interests of justice given the high standard that Mr. De La Cruz Jimenez must establish. The Government will defer to the Court’s determination.

Respectfully Submitted,

JOSEPH H. HUNT
Assistant Attorney General

ROBERT E. KIRSCHMAN, JR.
Director


TARA K. HOGAN
Assistant Director


SEAN L. KING
Trial Attorney
Commercial Litigation Branch

Department of Justice
PO Box 480, Ben Franklin Station
Washington, DC 20044
TEL.: (202) 353-9369
FAX: (202) 305-1571
E-mail: sean.king@usdoj.gov

January 13, 2020

Attorneys for the United States

CERTIFICATE OF SERVICE

I hereby certify under penalty of perjury that on this 13th day of January, 2020, I caused to be placed in the United States mail (first-class, postage prepaid), a copy of the foregoing "DEFENDANT'S MOTION TO DISMISS" addressed as follows:

RAFAEL DANIEL DE LA CRUZ JIMENEZ
56269-004
F.C.I. Oakdale I
P.O. Box 5000
Oakdale, LA 71463



Sean C. King

EXHIBIT

NOTICE OF NON-ECF CASE

Defendant(s) (Parties) other than the United States

In the United States Court of Federal Claims

Case No.: 1:19-cv-01761-VJW

RAFAEL DANIEL DE LA CRUZ
JIMENEZ¹

v.

NOTICE OF NON-ECF CASE

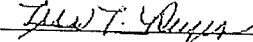
UNITED STATES OF AMERICA²

Pursuant to Appendix E of the Rules of the United States Court of Federal Claims, because this case involves a pro se litigant, the case will **not** be designated an electronic (ECF) case. Thus, all filings in this case must be made in paper form. See Appendix E ¶ 3 and RCFC 5(d)(2) and 5.5(d)(2).

The following guidelines apply to all non-ECF cases:

All documents filed in this case must comply with the format and copy requirements of RCFC 5.5 and the signature requirements of RCFC 11. Each filing must include a Certificate of Service stating that the document was served on every party, including the day and manner of the service, the person or entity served, and the method of service employed, e.g., in person or by mail. See RCFC 5.3.

Counsel for the United States is on notice that **no allowance can be made for filing a document electronically in a case that has not been designated an ECF case.**


Clerk of Court

¹ If the complaint in this action, as originally received in the Clerk's Office, named as a plaintiff a minor, an incompetent person, or a deceased person, the case caption has been modified to identify as plaintiff(s) the representative(s) filing on behalf of the minor, incompetent person or deceased person.

² If the complaint in this action, as originally received in the Clerk's Office, named as the defendant(s) a party (parties) other than the United States, the case caption has been modified to identify the United States as the sole defendant. This modification has been made to conform the caption to the Rules of the United States Court of Federal Claims, which make clear that in this court only the United States can be named as the party defendant. See RCFC 4(a) and 10(a).

EXHIBIT A

PRIVATE INTERNATIONAL REMEDY DEMAND

Date: 04/01/2018

NOTICE

Private International Remedy Demand

Notice to Agent is Notice to Principal-Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

From: Rafael Daniel De La Cruz Jimenez, Petitioner
[c/o Federal Correctional Institution Oakdale
P.O. Box 5000
Oakdale, LA 71463-5000]

To: 1. UNITED STATES OF AMERICA, United States of America, UNITED STATES, United States, UNITED STATES DEPARTMENT OF JUSTICE ATTORNEY GENERAL JEFF SESSIONS, Jeff Sessions (individual capacity) and Successors...,
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

Respondents
USPS Certified # 7016 3010 0000 7585 5251

2. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE WARDEN CALVIN JOHNSON, Calvin Johnson (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5251

3. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE CAPTAIN BENJAMIN J. BIRMINGHAM, Benjamin J. Birmingham (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5268

4. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ASSISTANT CAPTAIN JEFFREY REX, Jeffrey Rex (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5268

5. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ASSISTANT WARDEN DAN PETERSON, Dan. Peterson (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5268

6. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE MD/DC JOEL ALEXANDRE, Joel Alexandre (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5268

7. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE FNP-C MARY THOMAS,
Mary Thomas (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
8. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE FNP THERESA SAVANT,
Theresa Savant (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
9. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE IOP/IDC CAROL AUTIN,
Carol Autin (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
10. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN CATOIRE R.,
Catoire R. (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
11. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN ELIZABETH PERKINS,
Elizabeth Perkins (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
12. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN KERI DOWDY,
Keri Dowdy (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
13. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN KERSTIN DUCOTE,
Kerstin Ducote (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
14. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN PATRICIA BRADFORD,
Patricia Bradford (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268
15. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ADMINISTRATOR MASHIMO SHANON, who was acting as through February to April 26, 2017 at MEDICAL INSTITUTION OAKDALE F.C.I.
Mashimo Shanon (individual capacity) (Phonetic)
USPS Certified # 7016 3010 0000 7585 5268
16. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE LPN T. WILLIS,
T. Willis (individual capacity) and Successor(s)....,
USPS Certified # 7016 3010 0000 7585 5268

17. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ANP-BC RASHAUNA MOODY, Rashauna Moody (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
18. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE HIT H. GLENN, Hit H. Glenn (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
19. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE TRACY HIT MARTIN, Tracy Hit Martin (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
20. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN PEGGY ALLMENDINGER, Peggy Allmendinger (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
21. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN JOEL MCMICKIN, Joel McMickin (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
22. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN BYRD BRANDOM, Byrd Brandom (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
23. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN SANDRA PIERCE, Sandra Pierce (individual capacity) and Successor(s)...., USPS Certified # 7016 3010 0000 7585 5268
24. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE OFFICER who work as a security through June 1, 2017 and June 5, 2017 at Rapides Medical Center. Security Officer (individual capacity) (name unknown) USPS Certified # 7016 3010 0000 7585 5268

NATURE OF SUIT

This NOTICE PRIVATE INTERNATIONAL REMEDY DEMAND is being served upon all Respondent Parties by Rafael Daniel De La Cruz Jimenez hereafter Petitioner a natural man, Domiciliary of Florida State, for Remedy and Relief of the unlawful and unethical Acts and Omissions of the named Respondent Parties as is more fully explained herein.

FACTUAL ALLEGATIONS:

Petitioner is informed and knows as of Petitioners own First hand, Actual knowledge and so charges each of the named Respondents that the following facts are true under Solemn Oath under penalty of perjury:

1. On or about February 24, 2017 Petitioner began to demonstrate symptoms of severe headache, blurred vision, dizziness, high fever, general malaise, weakness in the extremities, and loss of appetite. See Exhibit A Page # 5-8.
2. On or about February 24, 2017 Petitioner verbally reported the mentioned symptoms, several times, to Medical Staff at oakdale F.C.I. See Exhibit A page # 5-8.
3. On or about March 7, 2017 Petitioner verbally reported the above mentioned symptoms to security officers Lieutenant Gotreaux, Lieutenant Willis, the acting Assistant Captain and Captain Benjamin J. Birmingham at F.C.I. Oakdale.
4. On or about March 31, 2017 Medical Staff at oakdale F.C.I. checked Petitioner's blood pressure and temperature. Petitioner was ordered to leave and not returned to Medical because he was allegedly faking illness. See Exhibit A page # 10.
5. Between February 24, 2017 and April 26, 2017 Petitioner's symptoms increased to included the inability to stand, sit up without assistance; severe constipation, vomiting, severe abdominal pain, weight loss, inability to eat or drink without vomiting. See Exhibit A page # 5-31.
6. Petitioner, as well as other inmates reported these symptoms to Respondents verbally and in writing at least 20 times between February 24, 2017 and April 26, 2017. See Exhibit A Page # 5-31 and 96-110.
7. Between February 24, 2017 and April 26, 2017 Petitioner was repeatedly denied medical attention by Respondent at Oakdale F.C.I. See Exhibit A Page 26-31.

8. On April 26, 2017 Petitioner collapsed at Oakdale F.C.I. dining hall.
See Exhibit A page # 26-31.
9. After Petitioner collapsed on April 26, 2017 at Oakdale F.C.I. medical staff declared a medical emergency and transported Petitioner to Oakdale Community hospital emergency room by ambulance. See Exhibit A page #26-31.
10. Immediately prior to Petitioner's transport by ambulance to the hospital, while at Oakdale F.C.I. medical unit, Petitioner had an involuntary urge to vomit/spit up fluid. Officer R. Catoire "Rocky" forcefully covered Petitioner's mouth to prevent Petitioner from vomiting/spitting up the fluid. The Officer then smeared the liquid in Petitioner's face and ordered him not to vomit/spit up on his floor. See Exhibit A page # 98-99.
See Exhibit A page # 104.
11. Petitioner arrived at Oakdale Community hospital and underwent a series of tests. He was diagnosed with constipation and returned to Oakdale F.C.I. the same evening. See Exhibit A page # 30-31.
12. On April 26, 2017 Petitioner was returned to Oakdale F.C.I. and placed in Rapides 1 unit, Room 225. Petitioner's condition continued to deteriorate and he made several requests for medical assistance from April 27, 2017 through May 10, 2017. Medical Staff checked, allegedly, vital signs and accused Petitioner of faking illness. Petitioner was threatened with being placed in Disciplinary confinement if Petitioner continued to complain. See Exhibit A page # 25-26.
13. Petitioner's condition continued to deteriorate and on May 9, 2017 Oakdale staff transported Petitioner to Oakdale Community Hospital by staff vehicle. On May 9, 2017 4 inmates carried Petitioner to the chow hall staff at Oakdale F.C.I. to explain to the Warden that Petitioner was in dire need of medical attention. The Warden ordered them to take Petitioner to the Medical Department. When Petitioner arrived at Medical staff threatened to lock him up in the SHU for faking an illness. After further examination the medical staff realized Petitioner was gravely ill and needed emergency medical care. Petitioner was taken to Oakdale Community Hospital on May 9, 2017. See Exhibit A page # 39-46 and 98-99.

14. On May 9, 2017 medical staff at Oakdale Community Hospital examined and ran tests on Petitioner and determined Petitioner was suffering as a result of brain tumor. See Exhibit A page # 39-46.
15. Petitioner was transported by ambulance to Rapides Regional Medical Center on May 9, 2017 to undergo emergency surgery to remove the brain tumor. See Exhibit A page # 39-58.
16. Petitioner underwent emergency surgery at Rapides Regional Medical Center on May 9, 2017. See Exhibit A page # 56-59.
17. Petitioner was released from Rapides Regional Medical Center on May 15, 2017 and returned to Oakdale F.C.I. See Exhibit A page # 61-63.
18. On arrival at Oakdale F.C.I. Petitioner was placed in S.H.U. in unsanitary and unsuitable conditions for healthy recovery. See Exhibit A page #63-64
19. Dr. Alexander visited and examined Petitioner while in the S.H.U. at Oakdale F.C.I. on May 19, 2017 in the morning, he noted no complication.
20. On the afternoon on May 19, 2017 the incision from the brain tumor surgery began to leak Cerebro Spinal Fluid (CSF). The sheet at the head area of the bed were soaked with C.S.F.
21. Petitioner reported the leaking C.S.F. fluid to officers in S.H.U. and they allegedly notified medical staff at Oakdale F.C.I..
22. A nurse from Oakdale F.C.I. medical department came to the S.H.U. and examined Petitioner. She allegedly reported the leaking C.S.F. to Nurse Mary Thomas at the Oakdale F.C.I. medical department.
23. Mary Thomas advised the nurse to keep an eye on it but offered no medical aid at the time. There was not other medical attention until May 24, 2017.
24. The incision from the surgery began to leak more fluid and Petitioner pleaded for help between May 19, 2017 - May 31, 2017 and was denied proper medical care. Petitioner was fearful for his life during this time and could not get any assistance. See Exhibit A page #69-80.
25. On May 31, Petitioner returned to Dr. Dowd to have the sutures from the surgery removed. Dr. Dowd noticed the leaking C.S. Fluid and performed emergency surgery to stop the leaking C.S. Fluid on June 1, 2017. See Exhibit A pages #72-78.

26. Petitioner remained at Rapides Regional Medical Center in recovery from June 1, 2017 until June 3, 2017. See Exhibit A page # 81-86.
27. While Petitioner was recovering from the anesthesia from surgery he was having bad dreams and crying out in his sleep. When he was awake the security officer in the room began to curse, swear and physically threaten Petitioner because he woke the officer from the his nap. The officer placed his hand on his weapon and threatened Petitioner with physical violence if he woke him again. Two officers were present but only the officer with the weapon threatened Petitioner. Petitioner was afraid for his safety. See Exhibit A 98-99.
28. Petitioner was returned to Oakdale F.C.I. on June 3, 2017 and placed in the S.H.U. in unsanitary and unsuitable conditions for recovery from surgery... See Exhibit A page # 85-86.
29. Pursuant to United States Federal Bureau of Prisons (USFBOP) hereafter Program Statement P.S. 6013.01, Petitioner has the right to access health service at Oakdale F.C.I. See Exhibit A page # 89-92.
30. Pursuant to United States Federal Bureau of Prisons (USFBOP) Program Statement P.S. 6013.01 Petitioner has the right to report complaints of pain to the health care provider and have pain assessed and managed in a timely and medically acceptable manner. See Exhibit A page # 89-92.
31. Pursuant United States Federal Bureau of Prisons (USFBOP) Program Statement P.S. 3420.11 employees at Oakdale F.C.I. may not use brutality, physical violence, or intimidation toward inmates, or use any force beyond what is reasonably necessary to subdue an inmate. See Exhibit A page # 93-95.
32. Pursuant to United States Bureau of Prisons (USFBOP) Program Statement P.S. 3420.11 employees at Oakdale F.C.I. may not use profane, obscene or abusive language when communicating with inmates. See Exhibit A page #93-95.
33. Between February 14, 2017 and April 26, 2017 Petitioner made more than 20 oral and/or written requests to staff members at Oakdale F.C.I. indicating he was seriously ill and need immediate medical treatment. See Exhibit A page # 1-3.

34. Between February 14, 2017 and April 26, 2017 Respondents repeatedly denied Petitioner medical care, without examining Petitioner and claiming Petitioner was faking illness. See Exhibit A page # 25-31.
35. Respondent denied Petitioner adequate medical care until Petitioner collapsed on April 26, 2017. See exhibit A page # 25-31.
36. As a direct and proximate result of the Acts and Omissions, Deliberate Indifference, and Gross Negligence of the Respondents, Petitioner is suffering ongoing and continuous irreparable injuries such as blurred vision, impaired motor skills, periodic uncontrollable shaking of the extremities, memory problems, attention deficit disorder (ADD), periodic shortness of breath, difficulty with reading comprehension and general decline in quality of life. See Exhibit A page # 11, Page # 69-72, page # 88.
37. The Act and Omissions of the Respondents denying Petitioner's Right timely and appropriate medical care constitute Deliberate Indifference and Gross Negligence on the part of the Respondents. See Exhibit A page # 1-119.
38. The Deliberate indifference and Gross Negligence as a direct and proximate result of respondents Acts and Omissions has caused much unnecessary pain, suffering and irreparable injury to Petitioner. See Exhibit A page # 1-119.
39. The Deliberate Indifference and Gross negligence as a direct and proximate result of the Respondent's Acts and Omissions has caused continues to cause unnecessary pain, suffering and irreparable injury to Petitioner. See Exhibit A page # 1-119.
40. The Deliberate Indifference and Gross Negligence as a result direct and proximate result of Respondents Acts and omissions unnecessary placed petitioners life and future quality of life in great jeopardy.
41. Pursuant to rules of Conduct and Training for the United States Federal Bureau of Prisons staff (USFBOP), employees are to exercise the Care, Custody and Control of inmates in their custody. Respondents at oakdale F.C.I. failed in the care of Petitioner when he was unable to care for himself. This is a violation of the training standards of the United States Federal Bureau of Prisons (USFBOP).

42. This NOTICE is not intended to threaten, harass or intimidate any officer agent or employees of United States Federal Bureau of Prisons (USFBOP).

The purpose of this notice is to redress a grievance concerning the Deliberate Indifference and Gross Negligence by staff members, officer and employees at Oakdale F.C.I. and their supervisors providing healthcare to Petitioner.

43. Any officer, agent or employee of the United States Federal Bureau of Prisons (USFBOP), that subjects Petitioner to any type of restriction, harassment, punishment, penalty, fine(s), or disciplinary action, as a result of Petitioner is seeking redress of grievance agrees to be enjoined and become a Respondent Party to any claims that arise from the subject matter of this NOTICE.

44. Fault and or Default by Respondents shall constitute the Parties informed consent, stipulation and agreements to pay all cost, bonds, fees, or the like that are assessed due to the contractual obligation that arise therefrom.

READINESS AND WILLINGNESS:

Petitioner gives notices that Petitioner stands ready willing and able to specifically perform in accord with the contract between the Parties, with present ability to do so, in case of concurrent specific performance by all Respondent parties and hereby give notice of Petitioners Readiness and Willingness to all Respondent Parties.

1. HE WHO WANTS EQUITY MUST DO EQUITY:

Petitioner hereby gives notice to all Respondent Parties that Petitioner consents to giving all such Corresponding Equitable Rights as are due to Respondents that arise in respect to the Subject Matter of this Notice and in accord with the contract between the parties.

2. RULE OF LAW:

Consent makes the law; consent binds the parties and the Court. The parties are obligated to provide lawful defense by a responsive answer, as defined herein, or in the alternative consent to all terms and conditions of this notice.

3. RESPONSIVE ANSWER IS REQUIRED BY ALL RESPONDENT PARTIES:

Respondents are required to provide Petitioner with a verified responsive answer. A verified responsive answer, for the purposes fo this notice, includes a verified answer under solemn oath as of Respondent party's own actual first-hand knowledge that all statements are true, under penalty of perjury, and

every allegation must be answered individually and any allegation that is denied must include legally documented proof to the contrary. Any allegation not denied as stated herein will be admitted as true.

4. DAMAGE:

Petitioner claims as a direct and proximate result of Respondent Parties deliberate indifference and gross negligence, Petitioner was irreparably injured. Petitioner assesses damage in the amount \$52,000,000.00, Fifty-two million U.S. dollars. Failure of all Respondent Parties to provide Petitioner with a responsive answer, as stated herein, timely, will be all Respondent Parties informed consent, stipulation and agreement to pay Petitioner liquidated damages, in the amount stated herein, in full within 30 days of Respondent Parties receipt of Petitioners Notice of Default-Consent to Decree.

5. INJUNCTIVE RELIEF:

Fault and or default by Respondent Parties shall constitute the parties informed consent, stipulation and agreement that Petitioner has a right to seek injunctive relief to compel all Respondent Parties to specifically perform in accord with all terms and conditions contained within the notice.

6. OTHER RELIEF REQUESTED:

Fault and or default by Respondent Parties shall constitute the informed consent, stipulation and agreement to significantly improve the Inmate Medical Care, as soon as practicable, so that no other inmates will be subjected to the deliberate indifference and gross negligence that currently is the standard pattern and practice at Oakdale F.C.I..

COST AND FEES

Upon Respondent Parties fault and/or DEFAULT, Respondent Parties, by informed consent, stipulate and agree to pay all court costs, fees, expenses, and any and all other costs and fees as required for settlement of this claim and bonds.

7. FORUM SELECTION CLAUSE:

Fault or default by Respondent Parties will constitute informed consent, stipulation and agreement between the parties to settle any disputes related to the specific performance in accord with the terms and conditions of this notice,

shall be settled in the U.S. District Court for the District of Columbia, in accord with the principles, practices and maxims in equity. This is a Mandatory Forum Selection Clause.

8. VALID CONTRACT:

Fault and/or default by the Respondent Parties shall constitute the parties informed consent, stipulation and agreement that a valid contract exists between the Parties, of this notice, in accord with terms and conditions contained within this notice.

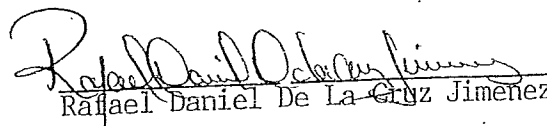
TIME IS OF THE ESSENCE:

All Respondent Parties shall have 21 calendar days to provide a responsive answer in accord with the terms and conditions of this notice. Failure to provide said responsive answer, timely, as stated herein shall constitute fault by all Responsive Parties. Fault by Respondent Parties shall constitute informed consent, stipulation and agreement between all parties to this notice that a valid contract exists between all named parties to this lawful notice. Fault and/or default by Respondent Parties shall constitute the informed consent, stipulation and agreement of all Respondent Parties to specifically perform timely in accord with all terms and conditions as stated herein.

VERIFICATION


I, Rafael Daniel De La Cruz Jimenez, Petitioner makes solemn oath or affirmation that the charges/allegations made in the foregoing NOTICE INTERNATIONAL REMEDY DEMAND are true, correct and complete as of Petitioner's own First hand actual knowledge, under penalty of perjury. Petitioner is legal age of majority, of sound mind and competent to testify if called upon.

Executed under Signature and Seal on 1st day of April, 2018.

 (Seal)
Rafael Daniel De La Cruz Jimenez

CERTIFICATE OF SERVICE

I, Rafael Daniel De La Cruz Jimenez, Petitioner, hereby certifies that the attached NOTICE-PRIVATE INTERNATIONAL REMEDY DEMAND a total of 12 pages, were served on the following Respondent Parties by Certified Mail # 7016 3010 0000 7585 5251 and # 7016 3010 0000 7585 5268 on April 2, 2018.

 (Seal)
Rafael Daniel De La Cruz Jimenez, Petitioner

Name of all Respondents

JEFF SESSIONS, Jeff Sessions
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

CALVIN JOHNSON, Calvin Johnson
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

DAN PETERSON, Dan Peterson
CAPTAIN BENJAMIN J. BIRMINGHAM, Benjamin J. Bermingham
CAPTAIN JEFFREY REX, Jeffrey Rex
JOEL ALEXANDRE, Joel Alexandre
MARY THOMAS, Mary Thomas
THERESA SAVANT, Theresa Savant
CAROL AUTIN, Carol Autin
CATOIRE R., Catoire R.
ELIZABETH PERSKIN, Elizabeth Perskins
KERI DOWDY, Keri Dowdy
KERSTIN DUCOTE, Kerstin Ducote
PATRICIA BRADFORD, Patricia Bradford
T. WILLIS, T. Willis
RASHAUNA MOODY, Rashauna Moody
HIT H. GLENN, Hit H. Glenn
TRACY HIT MARTIN, Tracy Hit Martin
PEGGY ALLMENDINGER, Peggy Allmendinger
JOEL MCMICKIN, Joel McMickin
BYRD BRANDOM, Byrd Brandom
SANDRA PIERCE, Sandra Pierce
SECURITY OFFICER (USFBOP) NAME UNKNOWN, Security Officer (USFBOP) Name Unknown
MASHIMO SHANON, Mashimo Shanon (Phonetic)

All named individuals above without individual address were served by Certified Mail # 7016 3010 0000 7585 5268 to the Parties from 3-24 at the following address:
1507 East Whatley Road
Oakdale, LA 71463

[illegible]

USPS TRACKING#

9590 9402 3246 5246 6733 76

United States.
Postal Service

Sender Please print your name, address, and ZIP+4® in this box*

Rafael Daniel De La Cruz Jimenez
Register No. 56269-004,
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463

2

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

[illegible]



EXHIBIT B

NOTICE OF FAULT
OPPORTUNITY TO CURE

Exhibit B
Date: 05 / 02 /2018

Notice of Fault-
Opportunity to Cure-

Notice to Agent is Notice to Principal-Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

TIME IS OF THE ESSENCE:

Respondent were required to provide Petitioner a timely responsive answer, as defined in the NOTICE-PRIVATE INTERNATIONAL REMEDY DEMAND that was served on all Respondent Parties on or before April 9, 2018 . If Respondent's failure to provide a timely responsive answer was by accident, mistake or inadvertence, Petitioner will allow all Respondent Parties 14 days to provide said timely answer or in the alternative specifically perform in accord with the terms and conditions as stated in Petitioner's NOTICE-PRIVATE INTERNATIONAL REMEDY DEMAND. A copy is attached hereto and incorporated herein as if fully restated. A failure of Respondent Parties to cure their dishonor timely, as stated herein, shall constitute, Fault of the Parties and the informed consent, stipulation and agreement between the Parties that a valid contract exists between the Parties in accord with the terms and conditions contained with the NOTICE-PRIVATE INTERNATIONAL REMEDY DEMAND.

1

Notice of Fault-
Opportunity to Cure-

Notice to Agent is Notice to Principal-Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

From: Rafael Daniel De La Cruz Jimenez, Petitioner
[c/o Federal Correctional Institution Oakdale
Oakdale, LA 71463-5000]

To: 1. UNITED STATES OF AMERICA, United States of Amrica, UNITED STATES, United States, UNITED STATES DEPARTMENT OF JUSTICE ATTORNEY GENERAL JEFF SESSIONS, Jeff Sessions (individual capacity) and Successors...,
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

USPS Certified # 7016 3010 0000 7585 5329

2. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE WARDEN CALVIN JOHNSON, Calvin Johnson (individual capacity) and Successors...,
1507 East Whatley Road
Oakdale, LA 71463

USPS Certified # 7016 3010 0000 7585 5329

3. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE CAPTAIN BENJAMIN J. BIRMINGHAM, Benjamin J. Birmingham (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

4. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ASSISTANT CAPTAIN JEFFREY REX, Jeffrey Rex (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

5. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ASSISTANT WARDEN DAN PETERSON, Dan Peterson (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

6. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDEAL CORRECTIONAL INSTITUTION OAKDALE MD/DC JOEL ALEXANDRE, Joel Alexandre (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

2

7. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE FNP-C MARY THOMAS,
Mary Thomas (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

8. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE FNP THERESA SAVANT;
Theresa Savant (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

9. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE IOP/IDC CAROL AUTIN,
Carol Autin (individual capacity) and Successor(s)....,

10. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN CATOIRE R.,
Catoire R. (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

11. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN ELIZABETH PERKINS,
Elizabeth Perkins (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

12. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN KERI DOWDY,
Keri Dowdy (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

13. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN KERSTIN DUCOTE,
Kerstin Ducote (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

14. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN PATRICIA BRADFORD,
Patricia Bradford (individual capacity) and Successor(s)....,

USPS Certified # 7016 3010 0000 7585 5336

15. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE LPN T. WILLIS,
T. Willis (individual capacity) and Successor(s)....,

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16. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ANP-BC RASHUNA MOODY, Rashauna Moody (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

17. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE HIT H. GLENN, Hit H. Glenn (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

18. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE TRACY HIT MARTIN, Tracy Hit Martin (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

19. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN PEGGY ALLMENDINGER, peegy Allmendinger (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

20. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN JOEL MCMICKIN, Joel McMickin (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

21. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN BYRD BRANDOM, Byrd Brandom (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

22. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE RN SANDRA PIERCE, Sandra Pierce (individual capacity) and Successors...,

USPS Certified # 7016 3010 0000 7585 5336

23. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE OFFICER, who work as a security through June 1, 2017 and June 5, 2017 at Rapide Medical Center. Security Officer (individual capacity) (name unknown)

USPS Certified # 7016 3010 0000 7585 5336

24. UNITED STATES DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS, FEDERAL CORRECTIONAL INSTITUTION OAKDALE ADMINISTRATOR MASHIMO SHANON, who was acting as through February to April 26, 2017 at MEDICAL INSTITUTION OAKDALE F.C.I. Mashimo Shanon (individual capacity) (Phonetic)

USPS Certified # 7016 3010 0000 7585 5336

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NATURE AND CAUSE

This NOTICE PRIVATE INTERNATIONAL REMEDY DEMAND is being served upon all Respondent Parties by Rafael Daniel De La Cruz Jimenez hereafter Petitioner a natural man, Domiciliary of Florida State, for Remedy and Relief of the unlawful and unethical Acts and Omissions of the named Respondent Parties as is more fully explained herein.

FACTUAL ALLEGATIONS:

Petitioner is informed and knows as of Petitioners own First hand, Actual knowledge and so charges each of the named Respondents that the following facts are true under Solemn Oath under penalty of perjury:

1. On or about February 24, 2017 Petitioner began to demonstrate symptoms of severe headache, blurred vision, dizziness, high fever, general malaise, weakness in the extremities, and loss of appetite. See Exhibit A Page # 5-8.
2. On or about February 24, 2017 Petitioner verbally reported the mentioned symptoms, several times, to Medical Staff at oakdale F.C.I. See Exhibit A page # 5-8.
3. On or about March 7, 2017 Petitioner verbally reported the above mentioned symptoms to security officers Lieutenant Gotreaux, Lieutenant Willis, the acting Assistant Captain and Captain Benjamin J. Bermingham at F.C.I. Oakdale.
4. On or about March 31, 2017 Medical Staff at oakdale F.C.I. checked Petitioner's blood pressure and temperature. Petitioner was ordered to leave and not returned to Medical because he was allegedly faking illness. See Exhibit A page # 10.
5. Between February 24, 2017 and April 26, 2017 Petitioner's symptoms increased to included the inability to stand, sit up without assistance; severe constipation, vomiting, severe abdominal pain, weight loss, inability to eat or drink without vomiting. See Exhibit A page # 5-31.
6. Petitioner, as well as other inmates reported these symptoms to Respondents verbally and in writing at least 20 times between February 24, 2017 and April 26, 2017. See Exhibit A Page # 5-31 and 96-119.
7. Between February 24, 2017 and April 26, 2017 Petitioner was repeatedly denied medical attention by Respondent at Oakdale F.C.I. See Exhibit A Page 26-31.

8. On April 26, 2017 Petitioner collapsed at Oakdale F.C.I. dining hall. See Exhibit A page # 26-31.
9. After Petitioner collapsed on April 26, 2017 at Oakdale F.C.I. medical staff declared a medical emergency and transported Petitioner to Oakdale Community hospital emergency room by ambulance. See Exhibit A page #26-31.
10. Immediately prior to Petitioner's transport by ambulance to the hospital, while at Oakdale F.C.I. medical unit, Petitioner had an involuntary urge to vomit/spit up fluid. Officer R. Catoire "Rocky" forcefully covered Petitioner's mouth to prevent Petitioner from vomiting/spitting up the fluid. The Officer then smeared the liquid in Petitioner's face and ordered him not to vomit/spit up on his floor. See Exhibit A page # 98-99, 100. See Exhibit A page # 104.
11. Petitioner arrived at Oakdale Community hospital and underwent a series of tests. He was diagnosed with constipation and returned to Oakdale F.C.I. the same evening. See Exhibit A page # 30-31.
12. On April 26, 2017 Petitioner was returned to Oakdale F.C.I. and placed in Rapides 1 unit, Room 225. Petitioner's condition continued to deteriorate and he made several requests for medical assistance from April 27, 2017 through May 10, 2017. Medical Staff checked, allegedly, vital signs and accused Petitioner of faking illness. Petitioner was threatened with being placed in Disciplinary confinement if Petitioner continued to complain. See Exhibit A page # 25-26.
13. Petitioner's condition continued to deteriorate and on May 9, 2017 Oakdale staff transported Petitioner to Oakdale Community Hospital by staff vehicle. On May 9, 2017 4 inmates carried Petitioner to the chow hall staff at Oakdale F.C.I. to explain to the Warden that Petitioner was in dire need of medical attention. The Warden ordered them to take Petitioner to the Medical Department. When Petitioner arrived at Medical staff threatened to lock him up in the SHU for faking an illness. After further examination the medical staff realized Petitioner was gravely ill and needed emergency medical care. Petitioner was taken to Oakdale Community Hospital on May 9, 2017. See Exhibit A page # 39-46 and 96-119.

14. On May 9, 2017 medical staff at Oakdale Community Hospital examined and ran tests on Petitioner and determined Petitioner was suffering as a result of a brain tumor. See Exhibit A page # 39-46.
15. Petitioner was transported by ambulance to Rapides Regional Medical Center on May 9, 2017 to undergo emergency surgery to remove the brain tumor. See Exhibit A page # 39-58.
16. Petitioner underwent emergency surgery at Rapides Regional Medical Center on May 9, 2017. See Exhibit A page # 56-59.
17. Petitioner was released from Rapides Regional Medical Center on May 15, 2017 and returned to Oakdale F.C.I. See Exhibit A page # 61-63.
18. On arrival at Oakdale F.C.I. Petitioner was placed in S.H.U. in unsanitary and unsuitable conditions for healthy recovery. See Exhibit A page #63-64
19. Dr. Alexander visited and examined Petitioner while in the S.H.U. at Oakdale F.C.I. on May 19, 2017 in the morning, he noted no complication.
20. On the afternoon on May 19, 2017 the incision from the brain tumor surgery began to leak Cerebro Spinal Fluid (CSF). The sheet at the head area of the bed were soaked with C.S.F.
21. Petitioner reported the leaking C.S.F. fluid to officers in S.H.U. and they allegedly notified medical staff at Oakdale F.C.I..
22. A nurse from Oakdale F.C.I. medical department came to the S.H.U. and examined Petitioner. She allegedly reported the leaking C.S.F. to Nurse Mary Thomas at the Oakdale F.C.I. medical department.
23. Mary Thomas advised the nurse to keep an eye on it but offered no medical aid at the time. There was not other medical attention until May 24, 2017.
24. The incision from the surgery began to leak more fluid and Petitioner pleaded for help between May 19, 2017 - May 31, 2017 and was denied proper medical care. Petitioner was fearful for his life during this time and could not get any assistance. See Exhibit A page #69-80.
25. On May 31, Petitioner returned to Dr. Dowd to have the sutures from the surgery removed. Dr. Dowd noticed the leaking C.S. Fluid and performed emergency surgery to stop the leaking C.S. Fluid on June 1, 2017. See Exhibit A pages #72-78.

26. Petitioner remained at Rapides Regional Medical Center in recovery from June 1, 2017 until June 3, 2017. See Exhibit A page # 81-86.
27. While Petitioner was recovering from the anesthesia from surgery he was having bad dreams and crying out in his sleep. When he was awake the security officer in the room began to curse, swear and physically threaten Petitioner because he woke the officer from the his nap. The officer placed his hand on his weapon and threatened Petitioner with physical violence if he woke him again. Two officers were present but only the officer with the weapon threatened Petitioner. Petitioner was afraid for his safety. See Exhibit A 98-99
28. Petitioner was returned to Oakdale F.C.I. on June 3, 2017 and placed in the S.H.U. in unsanitary and unsuitable conditions for recovery from surgery... See Exhibit A page # 85-86.
29. Pursuant to United States Federal Bureau of Prisons (USFBOP) hereafter Program Statement P.S. 6013.01, Petitioner has the right to access health service at Oakdale F.C.I. See Exhibit A page # 89-92.
30. Pursuant to United States Federal Bureau of Prisons (USFBOP) Program Statement P.S. 6013.01 Petitioner has the right to report complaints of pain to the health care provider and have pain assessed and managed in a timely and medically acceptable manner. See Exhibit A page # 89-92.
31. Pursuant United States Federal Bureau of Prisons (USFBOP) Program Statement P.S. 3420.11 employees at Oakdale F.C.I. may not use brutality, physical violence, or intimidation toward inmates, or use any force beyond what is reasonably necessary to subdue an inmate. See Exhibit A page # 93-95.
32. Pursuant to United States Bureau of Prisons (USFBOP) Program Statement P.S. 3420.11 employees at Oakdale F.C.I. may not use profane, obscene or abusive language when communicating with inmates. See Exhibit A page #93-95.
33. Between February 14, 2017 and April 26, 2017 Petitioner made more than 20 oral and/or written requests to staff members at Oakdale F.C.I. indicating he was seriously ill and need immediate medical treatment. See Exhibit A page # 1-3.

34. Between February 14, 2017 and April 26, 2017 Respondents repeatedly denied Petitioner medical care, without examining Petitioner and claiming Petitioner was faking illness. See Exhibit A page # 25-31.
35. Respondent denied Petitioner adequate medical care until Petitioner collapsed on April 26, 2017. See exhibit A page # 25-31.
36. As a direct and proximate result of the Acts and Omissions, Deliberate Indifference, and Gross Negligence of the Respondents, Petitioner is suffering ongoing and continuous irreparable injuries such as blurred vision, impaired motor skills, periodic uncontrollable shaking of the extremities, memory problems, attention deficit disorder (ADD), periodic shortness of breath, difficulty with reading comprehension and general decline in quality of life. See Exhibit A page # 11, Page # 69-72, page # 88.
37. The Acts and Omissions of the Respondents denying Petitioner's Right timely and appropriate medical care constitute Deliberate Indifference and Gross Negligence on the part of the Respondents. See Exhibit A page # 1-119.
38. The Deliberate indifference and Gross Negligence as a direct and proximate result of respondents Acts and Omissions has caused much unnecessary pain, suffering and irreparable injury to Petitioner. See Exhibit A page # 1-119.
39. The Deliberate Indifference and Gross negligence as a direct and proximate result of the Respondent's Acts and Omissions has caused continues to cause unnecessary pain, suffering and irreparable injury to Petitioner. See Exhibit A page # 1-119.
40. The Deliberate Indifference and Gross Negligence as a result direct and proximate result of Respondents Acts and omissions unnecessary placed petitioners life and future quality of life in great jeopardy.
41. Pursuant to rules of Conduct and Training for the United States Federal Bureau of Prisons staff (USFBOP), employees are to exercise the Care, Custody and Control of inmates in their custody. Respondents at oakdale F.C.I. failed in the care of Petitioner when he was unable to care for himself. This is a violation of the training standards of the United States Federal Bureau of Prisons (USFBOP).

42. This NOTICE is not intended to threaten, harrass or intimidate any officer agent or employees of United States Federal Bureau of Prisons (USFBOP). The purpose of this notice is to redress a grievance concerning the Deliberate Indifference and Gross Negligence by staff members, officer and employees at Oakdale F.C.I. and their supervisors providing healthcare to Petitioner.
43. Any officer, agent or employee of the United States Federal Bureau of Prisons (USFBOP), that subjects Petitioner to any type of restriction, harrassment, punishment, penalty, fine(s), or disciplinary action, as a result of Petitioner is seeking redress of grievance agrees to be enjoined and become a Respondent Party to any claims that arise from the subject matter of this NOTICE.
44. Fault and or Default by Respondents shall constitute the Parties informed consent, stipulation and agreements to pay all cost, bonds, fees, or the like that are assessed due to the contractual obligation that arise therefrom.

READINESS AND WILLINGNESS:

Petitioner gives notices that Petitioner stands ready willing and able to specifically perform in accord with the contract between the Parties, with present ability to do so, in case of concurrent specific performance by all Respondent parties and hereby give notice of Petitioners Readiness and Willingness to all Respondent Parties.

1. HE WHO WANTS EQUITY MUST DO EQUITY:

Petitioner hereby gives notice to all Respondent Parties that Petitioner consents to giving all such Corresponding Equitable Rights as are due to Respondents that arise in respect to the Subject Matter of this Notice and in accord with the contract between the parties.

2. RULE OF LAW:

Consent makes the law; consent binds the parties and the Court. The parties are obligated to provide lawful defense by a responsive answer, as defined herein, or in the alternative consent to all terms and conditions of this notice.

3. RESPONSIVE ANSWER IS REQUIRED BY ALL RESPONDENT PARTIES:

Respondents are required to provide Petitioner with a verified responsive answer. A verified responsive answer, for the purposes fo this notice, includes a verified answer under solemn oath as of Respondent party's own actual first-hand knowledge that all statements are true, under penalty of perjury, and

every allegation must be answered individually and any allegation that is denied must include legally documented proof to the contrary. Any allegation not denied as stated herein will be admitted as true.

4. DAMAGE:

Petitioner claims as a direct and proximate result of Respondent Parties deliberate indifference and gross negligence, Petitioner was irreparably injured. Petitioner assesses damage in the amount \$52,000,000.00, Fifty-two million U.S. dollars. Failure of all Respondent Parties to provide Petitioner with a responsive answer, as stated herein, timely, will be all Respondent Parties informed consent, stipulation and agreement to pay Petitioner liquidated damages, in the amount stated herein, in full within 30 days of Respondent Parties receipt of Petitioners Notice of Default-Consent to Decree.

5. INJUNCTIVE RELIEF:

Fault and or default by Respondent Parties shall constitute the parties informed consent, stipulation and agreement that Petitioner has a right to seek injunctive relief to compel all Respondent Parties to specifically perform in accord with all terms and conditions contained within the notice.

6. OTHER RELIEF REQUESTED:

Fault and or default by Respondent Parties shall constitute the informed consent, stipulation and agreement to significantly improve the Inmate Medical Care, as soon as practicable, so that no other inmates will be subjected to the deliberate indifference and gross negligence that currently is the standard pattern and practice at Oakdale F.C.I..

COST AND FEES

Upon Respondent Parties fault and/or DEFAULT, Respondent Parties, by informed consent, stipulate and agree to pay all court costs, fees, expenses, and any and all other costs and fees as required for settlement of this claim and bonds.

7. MANDATORY FORUM SELECTION CLAUSE

Fault and/or Default by Respondent Parties shall constitute the informed consent, stipulation and agreement between the parties to settle any dispute related to the specific performance of this valid contract between the parties in the

appropriate court in accord with the practices and Maxim's in Equity and in accord with the terms and conditions contained within the valid contract as by informed consent, stipulated and agreed between the parties.

8. VALID CONTRACT:

Fault and/or default by the Respondent Parties shall constitute the parties informed consent, stipulation and agreement that a valid contract exists between the Parties, of this notice, in accord with terms and conditions contained within this notice.


TIME IS OF THE ESSENCE:

All Respondent Parties shall have 14 days calendar days to provide a responsive answer in accord with the terms and conditions of this notice, Failure to provide said responsive answer, timely, as stated herein shall constitute fault by all Responsive parties. Fault by Respondent Parties shall constitutes informed consent, stipulation and agreement between all parties to this notice that a valid contract exists between all named parties to this lawful notice. Fault and/or default by Respondent parties shall constitute the informed consent, stipulation and agreement of all Respondent Parties to specifically perform timely in accord with all terms and conditions as stated herein.

VERIFICATION


I, Rafael Daniel De La Cruz Jimenez, Petitioner makes solemn oath or affirmation that the charges/allegations made in the foregoing NOTICE INTERNATIONAL REMEDY DEMAND are true, correct and complete as of Petitioner's own First hand actual knowledge, under penalty of perjury. Petitioner is legal age of majority, of sound mind and competent to testify if called upon.

Executed under Signature and Seal on 2nd day of May, 2018.

 Seal)
Rafael Daniel De La Cruz Jimenez

CERTIFICATE OF SERVICE

I, Rafael Daniel De la Cruz Jimenez, Petitioner, hereby certifies that the attached NOTICE OF FAULT-OPPORTUNITY TO CURE AND NOTICE PRIVATE INTERNATIONAL REMEDY DEMAND a total of 25 pages, were served on the following Respondent Parties by Certified Mail # 7016 3010 0000 7585 5329 through 1-2 and # 7016 3010 0000 7585 5336 on May 2, 2018.

 (Seal)
Rafael Daniel De La Cruz Jimenez, Petitioner

Name of all Respondents

JEFF SESSIONS, Jeff Sessions
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

CALVIN JOHNSON, Calvin Johnson
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

DAN PETERSON, Dan Peterson
CAPTAIN BENJAMIN J. BIRMINGHAM, Benjamin J. Bermingham
CAPTAIN JEFFREY REX, Jeffrey Rex
JOEL ALEXANDRE, Joel Alexandre
MARY THOMAS, Mary Thomas
THERESA SAVANT, Theresa Savant
CAROL AUTIN, Carol Autin
CATOIRE R., Catoire R.
ELIZABETH PERSKIN, Elizabeth Perskins
KERI DOWDY, Keri Dowdy
KERSTIN DUCOTE, Kerstin Ducote
PATRICIA BRADFORD, Patricia Bradford
T. WILLIS, T. Willis
RASHAUN MOODY, Rashauna Moody
HIT H. GLENN, Hit H. Glenn
TRACY HIT MARTIN, Tracy Hit Martin
PEGGY ALLMENDINGER, Peggy Allmendinger
JOEL MCMICKIN, Joel McMickin
BYRD BRANDOM, Byrd Brandom
SANDRA PIERCE, Sandra Pierce
SECURITY OFFICE (USFBOP) NAME UNKNOWNWN, Security Officer (USFBOP) Name Unknown
MASHIMO SHANON, Mashimo Shanon (Phonetic)

All named individuals above without individual address were served by Certified Mail # 7016 3010 0000 7585 5336 to the Parties from 3-24 at the following address:
1507 East Whatley Road
Oakdale, LA 71463

[illegible]

PS Form 3800, April 2015, PSN 753002-000-9047-9038 HSCA Reverso, 0101nstrucl

—

Form 3800, April 2015 (Reverse) PSN 7530-02-000-0047

#14

[illegible]

Domestic Return Receipt:

USPS TRACKING#



9590 9402 1546 5246 8732 91

United States
Postal Service

Rafael Daniel De La Cruz Jimenez
Register No. 56269-004
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-44

Certified Mail service provides the following benefits:

- **Effective verification of delivery or attempted delivery.**
- **Signature of delivery recipient by the resident or designated delivery recipient for the resident for a specified period.**

Important Features:

- **You may purchase Certified Mail service with or without return receipt.**
- **Certified Mail service:** "First-Class Package Service," "Registered Mail," and "Insured Mail" are available for this service.
- **Insurance coverage is not available for purchases of Certified Mail services. However, the purchase of Registered Mail services includes the purchase of basic \$500 liability insurance.**
- **Return Receipt:** You may return mail with a return receipt to the addressee, but you may request the following services:

- **Return Receipt for Delivery:** This provides a record of delivery of the mail.
- **Return Receipt for Signature:** This requires a signature, but not a return receipt.
- **Return Receipt for Restricted Receipt:** This requires a signature, but not a return receipt.

Postage: Items sent by **Certified Mail** require **first-class postage**. Items sent by **Registered Mail** require **first-class postage**.

NOTE: Items sent by **Registered Mail** are **not** returnable to the sender.

PS Form 3800, Jan 2004 (2)

IMPORTANT: Save this receipt for your records

#15

EXHIBIT C

NOTICE OF DEFAULT - CONSENT TO DECREE
DEMAND FOR LIQUIDATED DAMAGES

Date: 05/23/2018

Certified # 7016 3010 0000 7585 5312

Return R. # 9590 9402 1246 5246 8733 07

NOTICE OF DEFAULT - CONSENT TO DECREE

Notice to Agent is Notice to Principal - Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

TIME IS OF THE ESSENCE:

Respondent were required to provide Petitioner with a timely answer as defined in Petitioner's NOTICE-PRIVATE INTERNATIONAL REMEDY DEMAND that was served on all Respondent Parties on or before April 9, 2018 and Petitioner's NOTICE OF FAULT - OPPORTUNITY TO CURE that was served on All Respondent Parties allowing Parties 14 days to specifically perform in accord with all terms and conditions contained in the VALID CONTRACT between the Parties, as of date of Default on or before May 23, 2018. Failure to specifically perform timely may result in formal lawful resolution in EQUITY to compel Respondents specific performance of Respondents Contractual obligation in accord with the terms and conditions contained within the VALID CONTRACT between the Parties. See NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE attached hereto and incorporated herein as if fully restated.

DEMAND FOR LIQUIDATED DAMAGES

Offeror hereby demands and makes claim to, as a direct and proximate result of Offerees' failure to specifically perform in accord with contract pursuant to Offeror's NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND liquidated damages in the amount of Fifty-two Million United States Dollars (\$52,000,000.00) to be paid to Offeror, as a reasonable liquidation of the loss that has and continues to accrue to Offeror, due to Offerees' failure to specifically perform in accord with the contract between the Parties that is overdue and owing as of the date of Offerees' fault (05/02/2018).


Offerees' failure/refusal (acting in bad faith) to comply with Offeror's demands will continue to cause the Offeror irreparable injury, continuance of live controversy and may result in a suit in Equity in the event of Offerees' failure to comply with offeror's demands.

1

VERIFICATION:

I, Rafael Daniel De La Cruz Jimenez, Petitioner hereby make Solemn Oath or Affirmation that the statements made in the foregoing Certificate of Service are true as Petitioner's own First hand Actual knowledge under penalty of perjury. Petitioner is legal age of majority, of sound mind and competent to testify if called upon.

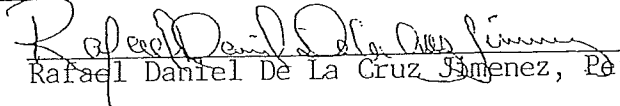
Executed under signature and seal on 23rd day of May, 2018.

 (Seal)
Rafael Daniel De La Cruz Jimenez

CERTIFICATE OF SERVICE

I, Rafael Daniel De La Cruz Jimenez, Petitioner, hereby certifies that the attached NOTICE PRIVATE INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE AND NOTICE OF DEFAULT - CONSENT TO DECREE AND DEMAND FOR SPECIFIC PERFORMANCE, a total of 28 pages, were served on the following Respondent by Certified #

7016 3010 0000 7585 5312 and 7016 3010 0000 7585 5275 on May 23, 2018.
#9590 9402 1246 5246 8733 07 #9590 9402 1246 5246 8733 69

 (Seal)
Rafael Daniel De La Cruz Jimenez, Petitioner

Name of all Respondents

JEFF SESSION, Jeff Sessions
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

CALVIN JOHNSON, Calvin Johnson
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

DAN PETERSON, Dan Peterson
CAPTAIN BENJAMIN J. BIRMINGHAM, Benjamin J. Bermingham
CAPTAIN JEFFREY REX, Jeffrey Rex
JOEL ALEXANDRE, Joel Alexandre
MARY THOMAS, Mary Thomas
THERESA SAVANT, Theresa Savant
CAROL AUTIN, Carol Autin
CATOIRE R., Catoire R.
ELIZABETH PERSKIN, Elizabeth Perskins
KERI DOWDY, Keri Dowdy
KERSTIN DUCOTE, Kerstin Ducote
PATRICIA BRADFORD, Patricia Bradford
T. WILLIS, T. Willis
RASHAUNA MOODY, Rashauna Moody
HIT H. GLENN, Hit H. Glenn
TRACY HIT MARTIN, Tracy Hit Martin
PEGGY ALLMENDINGER, Peggy Allmendinger
JOEL MCMICKIN, Joel McMickin
BYRD BRANDOM, Byrd Brandom
SANDRA PIERCE, Sandra Pierce
SECURITY OFFICER (USFBOP) NAME UNKNOWN, Security Officer (USFBOP) Name Unknown
MASHIMO, Mashimo (Phonetic)

All named individuals above without individual address were served by Certified Mail # 7016 3010 0000 7585 5275 to the Parties from 3-24 at the following address:
1507 East Whatley Road
Oakdale, LA 71463

[illegible]

USPS TRACKING#

9590 9402 2246 5246 6733 07

United States
Postal Service

* Sendor Please print your name, address, and ZIP+4® in this box *

Rafael Daniel De La Cruz Jimenez
Register No. 56269-004
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

First-Class Mail®
Postage & Fees Paid
USPS
Permit No. G-10

PS Form 3811, July 2015 PSN 7530-02-000-9053

7016 3010 0000 7585 5275

United States
Postal Service

Sender: Please print your name, address, and ZIP code in this box.
Rafael Daniel De la Cruz Jimenez
Register No. 56269-004
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463

U.S. APR 2015 (Monroe) ASN 733002-000-0047

IMPORTANT: Save this receipt for your records.

EXHIBIT D

NOTICE OF DEFAULT - CONSENT TO DECREE
DEMAND FOR LIQUIDATED DAMAGES

Exhibit D

Date: 05/23/2018

Certified # 7016 3010 0000 7585 5275

Return R.# 9590 9402 1246 5246 8733 69

NOTICE OF DEFAULT - CONSENT TO DECREE

Notice to Agent is Notice to Principal - Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

TIME IS OF THE ESSENCE:

Respondent were required to provide Petitioner with a timely answer as defined in Petitioner's NOTICE-PRIVATE INTERNATIONAL REMEDY DEMAND that was served on all Respondent Parties on or before April 9, 2018 and Petitioner's NOTICE OF FAULT - OPPORTUNITY TO CURE that was served on All Respondent Parties allowing Parties 14 days to specifically perform in accord with all terms and conditions contained in the VALID CONTRACT between the Parties, as of date of Default on or before May 23, 2018. Failure to specifically perform timely may result in formal lawful resolution in EQUITY to compel Respondents specific performance of Respondents Contractual obligation in accord with the terms and conditions contained within the VALID CONTRACT between the Parties. See NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE attached hereto and incorporated herein as if fully restated.

DEMAND FOR LIQUIDATED DAMAGES

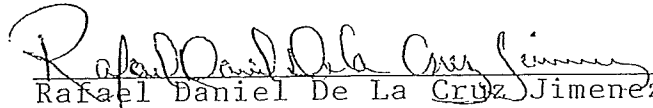
Offeror hereby demands and makes claim to, as a direct and proximate result of Offerees' failure to specifically perform in accord with contract pursuant to Offeror's NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND liquidated damages in the amount of Fifty-two Million United States Dollars (\$52,000,000.00) to be paid to Offeror, as a reasonable liquidation of the loss that has and continues to accrue to Offeror, due to Offerees' failure to specifically perform in accord with the contract between the Parties that is overdue and owing as of the date of Offerees' fault (05/02/2018).

Offerees' failure/refusal (acting in bad faith) to comply with Offeror's demands will continue to cause the Offeror irreparable injury, continuance of live controversy and may result in a suit in Equity in the event of Offerees' failure to comply with offeror's demands.

VERIFICATION:

I, Rafael Daniel De La Cruz Jimenez, Petitioner hereby make Solemn Oath or Affirmation that the statements made in the foregoing Certificate of Service are true as Petitioner's own First hand Actual knowledge under penalty of perjury. Petitioner is legal age of majority, of sound mind and competent to testify if called upon.

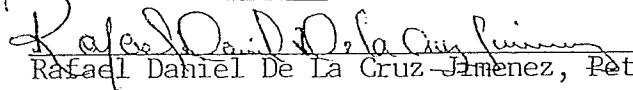
Executed under signature and seal on 23rd day of May, 2018.

 (Seal)
Rafael Daniel De La Cruz Jimenez

CERTIFICATE OF SERVICE

I, Rafael Daniel De La Cruz Jimenez, Petitioner, hereby certifies that the attached NOTICE PRIVATE INTERNATIONAL REMEDY DEMAND, NOTICE OF FAULT - OPPORTUNITY TO CURE AND NOTICE OF DEFAULT - CONSENT TO DECREE AND DEMAND FOR SPECIFIC PERFORMANCE, a total of 28 pages, were served on the following Respondent by Certified #

7016 3010 0000 7585 5312 and 7016 3010 0000 7585 5275 on May 23, 2018.
#9590 9402 1246 5246 8733 07 #9590 9402 1246 5246 8733 69

 (Seal)
Rafael Daniel De La Cruz Jimenez, Petitioner

Name of all Respondents

JEFF SESSION, Jeff Sessions
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

CALVIN JOHNSON, Calvin Johnson
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

DAN PETERSON, Dan Peterson
CAPTAIN BENJAMIN J. BERMINGHAM, Benjamin J. Bermingham
CAPTAIN JEFFREY REX, Jeffrey Rex
JOEL ALEXANDRE, Joel Alexandre
MARY THOMAS, Mary Thomas
THERESA SAVANT, Theresa Savant
CAROL AUTIN, Carol Autin
CATOIRE R., Catoire R.
ELIZABETH PERSKIN, Elizabeth Perskins
KERI DOWDY, Keri Dowdy
KERSTIN DUCOTE, Kerstin Ducote
PATRICIA BRADFORD, Patricia Bradford
T. WILLIS, T. Willis
RASHAUNA MOODY, Rashauna Moody
HIT H. GLENN, Hit H. Glenn
TRACY HIT MARTIN, Tracy Hit Martin
PEGGY ALLMENDINGER, Peggy Allmendinger
JOEL MCMICKIN, Joel McMickin
BYRD BRANDOM, Byrd Brandom
SANDRA PIERCE, Sandra Pierce
SECURITY OFFICER (USFBOP) NAME UNKNOWN, Security Officer (USFBOP) Name Unknown
MASHIMO, Mashimo (Phonetic)

All named individuals above without individual address were served by Certified Mail # 7016 3010 0000 7585 5275 to the Parties from 3-24 at the following address:
1507 East Whatley Road
Oakdale, LA 71463

[illegible]

USPS TRACKING#

9570 9402 3246 5246 6733.07

United States
Postal Service

* Sender Please print your name, address, and ZIP+4* in this box *

Rafael Daniel De La Cruz Jimenez
Register No. 56269-004
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

709

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

[illegible][illegible]

USPS TRACKING#

9590 9402 2246 5246 0733 69

United States
Postal Service

* Sender Please print your name, address, and ZIP+4® in this box *

Rafael Daniel De La Cruz Jimenez

First-Class Mail®
Postage & Fees Paid
USPS
Permit No. G-10

[illegible]

EXHIBIT E

NOTICE - PRIVATE INTERNATIONAL REMEDY DEMAND
ADMINISTRATIVE REMEDY BP-8

Notice to Agent is Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

DOCUMENTATION OF INFORMAL RESOLUTION ATTEMPT

Bureau of Prisons Program Statement No. 1330.16, Administrative Remedy Program, (December 31, 2007), requires, in most cases; that inmates attempt informal resolution of grievances prior to filing a formal written complaint. This form shall be used to document your efforts towards informally resolving your grievance.

Inmate Name	Rafael Daniel De La Cruz Jimenez	Register Number	(56269-004)
-------------	----------------------------------	-----------------	-------------

1. Briefly state your complaint. Include all details and facts which support your request and the date on which the basis for the complaint occurred. (If related to UDC appeal, specify relevant section of Inmate Discipline Policy)

To: J.S. WILLIS WARDEN and all Respondents, hereafter Offerees, as stated herein in the Proffer. See: Exhibits A, B, C, D of Informal Resolution Attempt. Petitioner, hereafter Offeror, Rafael Daniel De La Cruz Jimenez, is informed as of Offeror's own first-hand actual knowledge, and so changes the following Facts (1) UNITED STATES OF AMERICA, ATTORNEY GENERAL, JEFF SESSION, and Successors and Assigns; MARK S. INCH and Successor (continue on page 2)

2. Briefly state the action you request to resolve your complaint.

Offeror Demands that Offerees specifically perform in Accord with the terms and Conditions contained with the valid Contract between Offeror and Offerees. A copy is attached hereto and incorporated herein as fully restated. See Exhibits A, B, C, D.

3. Briefly state the action(s) you have taken and with whom you have spoken to resolve your complaint.

Offeror has served Legal Notice on all Offerees as evidenced by Exhibits A, B, C, D attached hereto and incorporated herein as fully restated.

4. GIVE THIS COMPLETED FORM TO YOUR UNIT COUNSELOR FOR RESPONSE.

TO BE COMPLETED BY STAFF

Date Received by Counselor for Response

5. Summary of investigation (place response on this form):

6. What actions were taken to resolve this matter informally (place response on this form):

7. Explain reasons for no resolution (place response on this form):

Date & Time Issued BP-8 _____

Unit Team Member: _____

Date & Time Inmate Returned BP-8 _____

Unit Team Member: _____

Date & Time Investigation on BP-8 Completed and BP-9 BP229(13) issued: _____

Unit Manager/Camp Administrator Signature: _____

On _____ (date), this issue was informally resolved.

Inmate Signature

Date

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate to the Unit Counselor for filing.

(2) If complaint is not informally resolved, forward the original (attached to BP-229(13) form) to the Warden's Office.

and Assigns; WARDEN, J.S. WILLIS, Successors and Assigns, Private Capacity ("Offerees") on or about April 19, 2018 entered into a valid Contract with Rafael Daniel De La Cruz Jimenez, hereafter Offeror as evidenced by the record/memorial attached hereto and incorporated herein as is fully restated and marked as an Exhibit A, B, C. Offerees breached the valid Contract by failing to specifically Perform in accord with the terms and Conditions Contained within the valid Contract between the Offeror and Offerees.

4. READINESS AND WILLINGNESS: Offeror gives Notice that Offerees stands ready, willing, and able to specifically perform under the Contract in case of specific performance by Offerees, and is with Present ability to do so, and hereby give to Offerees and the Court of such Readiness and willingness.

5. HE WHO SEEKS EQUITY MUST DO EQUITY: Offeror gives Notice that Offeror consents to giving the Offerees such Corresponding Rights as Offerees also may be entitled to in respect to the subject-matter relating to the Contract between the Offeror and Offerees.

6. LIQUIDATED DAMAGES: Fault and or Default by Offerees shall Constitute Offeror and Offerees informed Consent, stipulation and agreement that Offerees shall pay Offeror Liquidated Damages as stated in the Proffer.

7. RELIEF REQUESTED: Fault and or Default by Offerees shall Constitute informed Consent, stipulation and Agreement by Offeror and Offerees that Offerees shall pay the Relief Requested timely as stated in Proffer.

8. INJUNCTIVE RELIEF: Fault and or Default by Offerees shall Constitute informed Consent, stipulation and Agreement by Offeror and Offerees that Offeror has a Right to seek Injunctive Relief to compel all Offerees to specifically Perform in accord with all terms and Conditions as stated in the Proffer.

9. RULE OF LAW: A) CONSENT MAKES THE LAW; B) The Offerees have by informed Consent, stipulated and Agreed to specifically Perform in accord with the terms and Conditions as stated within the valid Contract between Offeror and Offerees and, Offeror has a right to relief in accord with Rule of Law.

10. RESPONSIVE ANSWER REQUIRED: Offeror demands Offerees answer timely upon his/her/its Corporal Oath/affirmation according to Offeree's own First-hand actual knowledge, full, true, direct and Perfect answer make to all Singular and the several matters and allegations herein before contained.

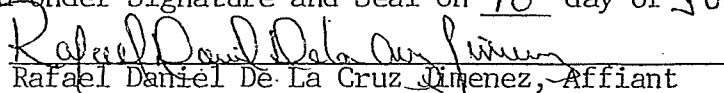
11. FORUM SELECTION CLAUSE: Fault and or Default by Offerees shall be informed Consent, stipulation and Agreement by Offeror and Offerees to abide by the Forum Selection Clause as stated in the Proffer.

12. TIME IS OF THE ESSENCE: Offerees have 21 days to Provide Offeror with a Responsive Answer, as stated in the attached Proffer. Failure by Offerees to provide Offeror with Responsive Answer, as stated herein, shall Constitute Fault by Offerees and the informed Consent, stipulation and Agreement to all allegations, statements, terms and Conditions Contained within the Proffer.

Verification

I, Rafael Daniel De La Cruz Jimenez, Affiant make solemn Oath or Affirmation that the charges/Allegations make in the foregoing BP-8/Informal Resolution Attempt/Notice Private International Remedy Demand are true, Correct, and Complete as of Affiant's own First-hand actual knowledge, under Penalty of perjury. Affiant is Legal age of majority, of sound mind, and competent to testify if called upon. Affiant made these statements as a free act and deed and was not threatened or coerced.

Executed Under Signature and Seal on 10 day of July 2018.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Affiant

Certificate of Service

I, Rafael Daniel De La Cruz Jimenez, Offeror, hereby Certifies under Oath that the attached of BP-8 informal Resolution Attempt a total of 3 pages; Notice International Remedy Demand a total of 12 pages; Notice of Fault-Opportunity to cure a total of 13 pages; Notice of Default-Consent to Decree a total of 6 pages. A total of documents attached 34 pages, were served to all Offerees through Unit team Vernont-1 on 10 of July, 2018 at FCI Oakdale 1, P.o. Box 5050, Oakdale, LA 71463. See Exhibits A, B, C, D.

Executed Under Signature and Seal on 10 day of July, 2018.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Offeror

EXHIBIT F

NOTICE OF FAULT - OPPORTUNITY TO CURE

ADMINISTRATIVE REMEDY BP-9

950328-F1

REJECTION NOTICE - ADMINISTRATIVE REMEDY



DATE: AUGUST 15, 2018

FROM: ADMINISTRATIVE REMEDY COORDINATOR
OAKDALE I FCI

TO : RAFAEL DE LA CRUZ-JIMENEZ, 56269-004
OAKDALE I FCI UNT: ALLEN QTR: V04-250L
P.O. BOX 5050
OAKDALE, LA 71463

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 950328-F1 ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : AUGUST 15, 2018
SUBJECT 1 : MEDICAL CARE - IMPROPER OR INADEQUATE
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT ATTEMPT INFORMAL RESOLUTION PRIOR TO SUBMISSION OF ADMINISTRATIVE REMEDY, OR YOU DID NOT PROVIDE THE NECESSARY EVIDENCE OF YOUR ATTEMPT AT INFORMAL RESOLUTION.

REJECT REASON 2: YOU MAY ONLY SUBMIT ONE CONTINUATION PAGE, EQUIV. OF ONE LETTER-SIZE (8.5 X 11) PAPER. TEXT ON ONE SIDE. THE TEXT MUST BE LEGIBLE.

REJECT REASON 3: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN 15 DAYS OF THE DATE OF THIS REJECTION NOTICE.

REMARKS : YOU SUBMITTED DOCUMENTS LABELED EXHIBITS A, C, D, AND E. YOU ALSO INCLUDED 14 CONTINUATION PAGES. PROVIDE SPECIFIC INFORMATION ON BP-9 FORM & CONTINUATION PG

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

Notice of Fault - Opportunity to Cure

REQUEST FOR ADMINISTRATIVE REMEDY

Exhibit F

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: De La Cruz Jimenez, Rafael Daniel	[56269-004]	V-1	Oakdale
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A- INMATE REQUEST

Notice to Agent is Notice to Principal - Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

To: J.S. WILLIS, WARDEN and all Respondents, hereinafter Offerees, as stated in the Proffer. See Exhibits A, B, C, D, E of Informal Resolution Attempt. On or about April 9, 2018, the BP-8 included a Notice-Private International Remedy Demand, hereinafter Proffer. Offerees failed to answer with Responsive Answer timely and are in Fault. Offeror and Offeree's by informed Consent stipulation and Agreement have entered into a valid Contract and Offerees have Agreed to specifically Perform in accord with the terms and conditions Contained within the valid Contract between Offeror and Offerees. A Copy is attached hereto and incorporated herein as if fully restated. See: Exhibits A, B, C, D, E enclosed. On or about April 9, 2018 entered into a valid Contract with Rafael Daniel De La Cruz Jimenez, hereafter Offeror as evidenced by the record/memorial attached hereto and incorporated herein as if fully restated and marked as an Exhibit A, B, C, D, E. Offerees breached the valid Contract by failing to specifically Perform in accord with the terms and Conditions Contained within the valid Contract between the Offeror and Offerees.

READINESS AND WILLINGNESS: Offeror gives Notice that Offerees stands ready, willingly, and able to specifically perform under the contract in case of specific performance by Offerees, and is with Present ability to do so, and hereby give to Offerees and the Court of such Readiness and willingness.

8/6/2018
DATE

(Continue on page 2)

Rafael Daniel De La Cruz Jimenez
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 950328-F1

CASE NUMBER: 950328-F1

Part C- RECEIPT

Return to:	LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
------------	----------------------------------	----------	------	-------------

SUBJECT:

1

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

HE WHO SEEKS EQUITY MUST DO EQUITY: Offeror gives Notice that Offeror consents to giving the Offerees such Corresponding Rights as Offerees also may be entitled to in respect to the subject-matter relating to the Contract between the Offeror and Offerees.

LIQUIDATED DAMAGES: Fault and or Default by Offerees shall Constitute Offeror and Offerees informed Consent, stipulation and agreement that Offerees shall pay Offeror Liquidated Damages as stated in the Proffer.

RELIEF REQUESTED: Fault and or Default by Offerees shall Constitute informed Consent, stipulation and Agreement by Offeror and Offerees that Offerees shall pay the Relief Requested timely as stated in the Proffer.

INJUNCTIVE RELIEF: Fault and or Default by Offerees shall Constitute informed Consent, stipulation and Agreement by Offeror and Offerees that Offeror has a Right to seek Injunctive Relief to compel all Offerees to specifically Perform in accord with all terms and Conditions as stated in the Proffer.

RULE OF LAW: A) CONSENT MAKES THE LAW; B) The Offerees have by informed Consent, stipulated and Agreed to specifically Perform in accord with the terms and conditions as stated within the valid Contract between Offeror and Offerees and, Offeror has a Right to Relief in accord with Rule of Law.

RESPONSIVE ANSWER REQUIRED: Offeror demands Offerees answer timely upon his/her/its Corporal Oath/affirmation according to Offeree's own First-hand actual knowledge, full, true, direct and Perfect answer make to all Singular and the several matters and allegations herein before contained.

FORUM SELECTION CLAUSE: Fault and or Default by Offerees shall be informed Consent, stipulation and Agreement by Offeror and Offerees to abide by the Forum Selection Clause as stated in the Proffer.

TIME IS OF THE ESSENCE: Offerees have 21 days to Provide Offeror with a Responsive Answer, as stated in the attached Proffer. Failure by Offerees to provide Offeror with Responsive Answer, as stated herein, shall Constitute Fault by Offerees and the informed Consent, stipulation and Agreement to all allegations, statements, terms and Conditions Contained within the Proffer.

Verification

I, Rafael Daniel De La Cruz Jimenez, Affiant make solemn Oath or Affirmation that the charges/ Allegations make in the foregoing BP-9/Notice of Fault - Opportunity to Cure are true, Correct, and Complete as of Affiant's own First-hand actual knowledge, under Penalty of perjury. Affiant is Legal age of majority, of sound mind, and competent to testify if Called Upon. Affiant made these statements as a free act and deed and was not threatened or coerced.

Executed Under Signature and Seal on 6 day of AUGUST, 2018.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Affiant

Exhibit F

Certificate of Service

I, Rafael Daniel De La Cruz Jimenez, Offeror, hereby Certifies under Oath that the attached of BP-9/Notice of Fault - Opportunity to Cure, a total of 3 pages; BP-8/Informal Resolution Attempt/Notice International Remedy Demand, a total of 3 pages, with the Exhibit enclosed A, B, C, D, E; Notice International Remedy Demand a total of 12 pages; Notice of Fault - Opportunity to Cure a total of 13 pages; Notice of Default - Consent to Decree a total of 6 pages. A total of documents attach 37 pages, were served to all Offerees through Unit team Vernont-1 on 6 of AUGUST, 2018 at FCI Oakdale 1, P.O. Box 5050, Oakdale, LA 71463.

Executed Under Signature and Seal on 6 day of AUGUST, 2018.

Rafael Daniel De La Cruz Jimenez (SEAL)
Rafael Daniel De La Cruz Jimenez, Offeror

EXHIBIT G

NOTICE OF DEFAULT - CONSENT TO DECREE

ADMINISTRATIVE REMEDY BP-10

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: SEPTEMBER 6, 2018

FROM: ADMINISTRATIVE REMEDY COORDINATOR
SOUTH CENTRAL REGIONAL OFFICE

TO : RAFAEL DE LA CRUZ-JIMENEZ, 56269-004
OAKDALE I FCI UNT: ALLEN QTR: V04-262L
P.O. BOX 5050
OAKDALE, LA 71463

FCI
OAKDALE, LA.
2018 SEP 17 1:27

RECEIVED
WARDEN'S OFFICE

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 950328-R1 REGIONAL APPEAL
DATE RECEIVED : AUGUST 24, 2018
SUBJECT 1 : MEDICAL CARE - IMPROPER OR INADEQUATE
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: CONCUR WITH RATIONALE OF ~~REGIONAL OFFICE AND/OR~~ INSTITUTION
FOR REJECTION. FOLLOW DIRECTIONS PROVIDED ON PRIOR REJECTION
NOTICES.

REJECT REASON 2: YOU MAY RESUBMIT YOUR APPEAL IN PROPER FORM WITHIN
15 DAYS OF THE DATE OF THIS REJECTION NOTICE.

REMARKS : AGREE WITH INSTITUTION'S JUSTIFICATION.
FOLLOW INSTRUCTIONS ON YOUR BP-9 REJECTION LETTER.

NOTICE OF DEFAULT - CONSENT TO DECREE

Exhibit G

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: De La Cruz Jimenez Rafael Daniel [56269-004] V-1 Oakdale
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

Notice to Agent is Notice to Principal - Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

TO: J.F. CARAWAY or designee, hereafter B.O.P., Regional Director, J.S. WILLIS, B.O.P.,
WARDEN, OAKDALE, LA and all Offerees named on Notice - Private International Remedy Demand,
Offerees all.

On or about April 9, 2018 Offeror served on Offerees a Notice - Private International Remedy Demand, hereinafter Proffer. On or about May 07, 2018 Offeror served on Offerees a Notice of Fault - Opportunity to Cure. On or about June 01, 2018 Offeror served on Offerees a Notice of Default - Consent to Decree and Demand for Specific Performance. Offerees failed to Provide Offeror a responsive answer as required by the Proffer and are now in Default. Offerees hereby makes demand for specific performance in accord with the Terms and Conditions as stated in the valid Contract between Offeror and Offerees. A copy is attached hereto and incorporated herein as if fully restated. See Exhibits A, B, C, D, E, F enclosed.

READINESS AND WILLINGNESS: Offeror gives Notice that Offeror stands ready, willingly, and able to specifically perform under the contract in case of specific performance by Offerees, and is with Present ability to do so, and hereby give to Offerees and the Court of such Readiness and Willingness.

8/21/2018
DATE

(Continue on page 2)

Rafael Daniel De La Cruz Jimenez
SIGNATURE OF REQUESTER

Part B—RESPONSE

RECEIVED

AUG 24 2018

BUREAU OF PRISONS
LEGAL DEPARTMENT, SCRO

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 950328-R1

Part C—RECEIPT

1

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

USP LVN DATE

Previous editions not usable

SIGNATURE, RECIPIENT OF REGIONAL APPEAL

BP-230(13)
APRIL 1982

HE WHO SEEKS EQUITY MUST DO EQUITY: Offeror gives Notice that Offeror consents to giving the Offerees such Corresponding Rights as Offerees also may be entitled to in respect to the subject-matter relating to the Contract between the Offeror and Offerees.

LIQUIDATED DAMAGES: Fault and or Default by Offerees shall Constitute Offeror and Offerees informed Consent, Stipulation and Agreement that Offerees shall pay Offeror Liquidated Damages as stated in the Proffer.

RELIEF REQUESTED: Fault and or Default by Offerees shall Constitute informed Consent, stipulation and Agreement by Offeror and Offerees that Offeror has a Right to Injunctive Relief to compell all Offerees to specifically Perform in accord with all Terms and Conditions as stated in the Proffer.

RULE OF LAW: A) CONSENT MAKES THE LAW; B) The Offerees have by informed Consent, stipulated and Agreed to specifically Perform in accord with the terms and conditions as stated within the valid Contract between Offeror and Offerees and, Offeror has a Right to Relief in accord with Rule of Law.

RESPONSIVE ANSWER REQUIRED: Offeror demands Offerees answer timely upon his/her/its Corporal Oath/affirmation according to Offeree's own First-hand actual knowledge, full, true, direct and Perfect answer make to all Singular and the several matters and allegations herein before contained.

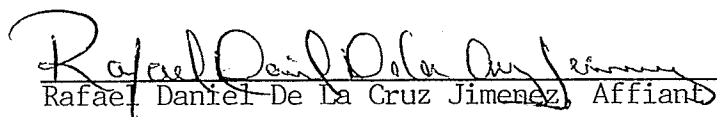
FORUM SELECTION CLAUSE: Fault and or Default by Offerees shall be informed Consent, stipulation and Agreement by Offeror and Offerees to abide by the Forum Selection Clause as stated in the Proffer.

TIME IF OF THE ESSENCE: Offerees have 30 days to Provide Offeror with a Responsive Answer, as stated in the attached Proffer. Failure by Offerees to provide Offeror with Responsive Answer, as stated herein, shall Constitute Fault by Offerees and the informed Consent, tipulation and Agreement to all allegations, statements, terms and Conditions Contained within the Proffer.

Verification

I, Rafael Daniel De La Cruz Jimenez, Affiant make solemn Oath or Affirmation that the charge/ Allegations make in the foregoing BP-10/NOTICE OF DEFAULT - CONSENT TO DECREE are true, Correct, and Complete as of Affiant's own First-hand actual knowledge, under Penalty of perjury. Affiant is Legal age of majority, of sound mind, and competent to testify if Called Upon. Affiant made these statements as a free act and deed and was not threatened or coerced.

Executed Under Signature and Seal on 21 day of August, 2018.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Affiant

Certificate of Service

I, Rafael Daniel De La Cruz Jimenez, Offeror, hereby Certifies under Oath that the attached of BP-10/NOTICE OF DEFAULT - CONSENT TO DECREE, a total of 2 pages; BP-9/Notice of Fault - Opportunity to Cure, a total of 4 pages; BP-8/Informal Resolution Attempt/Notice International Remedy Demand, a total of 3 pages, with the Exhibit enclosed A, B, C, D, E, F; Notice International Remedy Demand a total of 12 pages; Notice of Fault - Opportunity to Cure a total of 13 pages; Notice of Default - Consent to Decree a total of 6 pages. A total of 40 pages sent, four copies each and grant total 160 pages, were served to all Offerees through mailbox at FCI I Oakdale to Regional Director, J.F. CARAWAY, South Central Regional Office, 344 Marine Forces Drive, Grand Prairie, TX 75051. Served by USPS prepaid Certify Mail #7018 0360 0000 8913 2811 and RR #9590 9402 2652 6336 8088 90.

Executed Under Signature and Seal on 21 day of August, 2018.

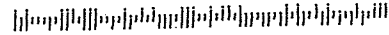
 (SEAL)
Rafael Daniel De La Cruz Jimenez, Offeror

620

9590 9402 2652 6336 8088 90

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box *

Rafael Daniel De La Cruz Jimenez
Reg. #56269-004
P.O. Box 5000
Oakdale, LA 71463
VIFirst-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10**Certified Mail service provides the following benefits:**

- A receipt (this portion of the Certified Mail label).
 - A unique Identifier for your mailpiece.
 - Electronic verification of delivery or attempted delivery.
 - A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.
- Important Reminders:**
- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
 - Certified Mail service is not available for international mail.
 - Insurance coverage is not available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
 - For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, Domestic Return Receipt attach PS Form 3811 to your mailpiece.
 - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
 - Adult signature service, which requires the addressee to be at least 21 years of age (not available at retail).
 - Adult signature restricted delivery service, which requires the addressee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- For an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.
- IMPORTANT:** Save this receipt for your records.

PS Form 3800, April 2015 (Rev. 1) PSN 7530-02-000-9047

7018 0360 0000 8913 2811

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Regional Director, J.F. CARAWAY
South Central Regional Office
344 Marine Forces Drive
Grand Prairie, TX 75051

9590 9402 2652 6336 8088 90

2. Article Number (Transfer from service label)

7018 0360 0000 8913 2811

PS Form 3811, July 2016 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- X *Daniel E. Hicken*
- B. Received by *Daniel E. Hicken* **SCR Mail Piece**

- D. Is delivery address different from Item 1? ☐ Yes ☐ No
- If YES, enter delivery address below: ☐ No

AUG 24 REC'D

3. Service Type.
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☐ Certified Mail
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

3

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Rafael Daniel Jimenez, LA 56269-004

Certified Mail Fee \$ 83.45

Extra Services & Fees (see price list for details)

- ☐ Return Receipt (hardcopy) \$ 2.95
- ☐ Return Receipt (electronic) \$ 0.00
- ☐ Certified Mail Restricted Delivery \$ 0.00
- ☐ Adult Signature Restricted Delivery \$ 0.00
- ☐ Adult Signature Restricted Delivery (over \$500) \$ 0.00

Postage \$ 16.00

Total Postage and Fees \$ 99.45

Sent To: Regional Director, J.F. CARAWAY
344 Marine Forces Drive
Grand Prairie, TX 75051

Postmark Here

USPS

PS Form 3800, April 2015 (Rev. 1) PSN 7530-02-000-9047

EXHIBIT H

NOTICE OF DEFAULT - CONSENT TO DECREE

DEMAND FOR SPECIFIC PERFORMANCE

ADMINISTRATIVE RMEEDY BP-11

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: OCTOBER 12, 2018

RECEIVED
OAKDALE
2018 OCT 22 10 34

FROM: ADMINISTRATIVE REMEDY COORDINATOR
CENTRAL OFFICE

TO : RAFAEL DE LA CRUZ-JIMENEZ, 56269-004
OAKDALE I FCI UNT: ALLEN QTR: V04-262L
P.O. BOX 5050
OAKDALE, LA 71463

V. L. L. L.

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 950328-A1 CENTRAL OFFICE APPEAL
DATE RECEIVED : SEPTEMBER 27, 2018
SUBJECT 1 : MEDICAL CARE - IMPROPER OR INADEQUATE
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOU MAY ONLY SUBMIT ONE CONTINUATION PAGE, EQUIV. OF ONE LETTER-SIZE (8.5 X 11) PAPER. TEXT ON ONE SIDE. THE TEXT MUST BE LEGIBLE.

REJECT REASON 2: YOU SUBMITTED YOUR REQUEST OR APPEAL TO THE WRONG LEVEL. YOU SHOULD HAVE FILED AT THE INSTITUTION OFFICE LEVEL.

REJECT REASON 3: CONCUR WITH RATIONALE OF REGIONAL OFFICE AND/OR INSTITUTION FOR REJECTION. FOLLOW DIRECTIONS PROVIDED ON PRIOR REJECTION NOTICES

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: De La Cruz Jimenez, Rafael Daniel [56269-004] V-1 Oakdale
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

Notice to Agent is Notice to Principal - Notice to Principal is Notice to Agent
(Applicable to all Successors and Assigns)

TO: MARK S. INCH or designee, U.S. BUREAU OF PRISONS, hereinafter B.O.P., Director, J.F. CARAWAY, B.O.P., Regional Director, J.S. WILLIS, B.O.P., WARDEN, OAKDALE, LA and all Offerees named on NOTICE-Private International Remedy Demand, Offerees all.

On or about April 9, 2018 Offeror served on Offerees a Notice - Private International Remedy Demand, hereinafter Proffer. On or about May 07, 2018 Offeror served on Offerees a Notice of Fault - Opportunity to Cure. On or about June 01, 2018 Offeror served on Offerees a Notice of Default - Consent to Decree and Demand for Specific Performance. Offerees failed to Provide Offeror a responsive answer as required by the Proffer and are now in Default. Offerees hereby makes demand for specific performance in accord with the Terms and Conditions as stated in the valid Contract between Offeror and Offerees. A copy is attached hereto and incorporated herein as if fully restated. See Exhibits A, B, C, D, E, F, G enclosed.

READINESS AND WILLINGNESS: Offeror gives Notice that Offeror stands ready, willingly, and able to specifically perform under the contract in case of specific performance by Offerees, and is with Present ability to do so, and hereby give to Offerees and the court of such Readiness and Willingness.

9/21/2018
DATE

(Continue on page 2)

Rafael Daniel De La Cruz Jimenez
SIGNATURE OF REQUESTER

Part B - RESPONSE

RECEIVED

SEP 27 2018

Administrative Remedy Section
Federal Bureau of Prisons

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 950328-A1

Part C - RECEIPT

CASE NUMBER: _____

1

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL



HE WHO SEEKS EQUITY MUST DO EQUITY: Offeror gives Notice that Offeror consents to giving the Offerees such Corresponding Rights as Offerees also may be entitled to in respect to the subject-matter relating to the Contract between the Offeror and Offerees.

LIQUIDATED DAMAGES: Fault and or Default by Offerees shall Constitute Offeror and Offerees informed Consent, Stipulation and Agreement that Offerees shall pay Offeror Liquidated Damages as stated in the Proffer.

RELIEF REQUESTED: Fault and or Default by Offerees shall Constitute informed Consent, stipulation and Agreement by Offeror and Offerees that Offeror has a Right to seek Injunctive Relief to compell all Offerees to specifically Perform in accord with all Terms and Conditions as stated in the Proffer.

RULE OF LAW: A) CONSENT MAKES THE LAW; B) The Offerees have by informed Consent, stipulated and Agreed to specifically Perform in accord with the terms and conditions as stated within the valid Contract between Offeror and Offerees and, Offeror has a Right to Relief in accord with Rule of Law.

RESPONSIVE ANSWER REQUIRED: Offeror demands Offerees answer timely upon his/her/its Corporal Oath/affirmation according to Offeree's own First-hand actual knowledge, full, true, direct and Perfect answer make to all Singular and the several matters and allegations herein before contained.

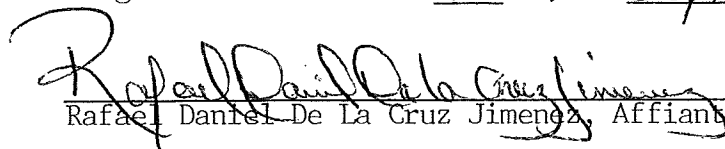
FORUM SELECTION CLAUSE: Fault and or Default by Offerees shall be informed Consent, stipulation and Agreement by Offeror and Offerees to abide by the Forum Selection Clause as stated in the Proffer.

TIME IF OF THE ESSENCE: Offerees have 30 days to Provide Offeror with a Responsive Answer, as stated in the attached Proffer. Failure by Offerees to provide Offeror with Responsive Answer, as stated herein, shall Constitute Fault by Offerees and the informed Consent, tipulation and Agreement to all allegations, statements, terms and Conditions Contained within the Proffer.

Verification

I, Rafael Daniel De La Cruz Jimenez, Affiant make solemn Oath or Affirmation that the charge/ Allegations make in the foregoing BP-11/NOTICE OF DEFAULT - CONSENT TO DECREE - DEMAND FOR SPECIFIC PERFORMANCE are true, Correct, and Complete as of Affiant's own First-hand actual knowledge, under Penalty of perjury. Affiant is Legal age of majority, of sound mind, and competent to testify if Called Upon. Affiant made these statements as a free act and deed and was not threatened or coerced.

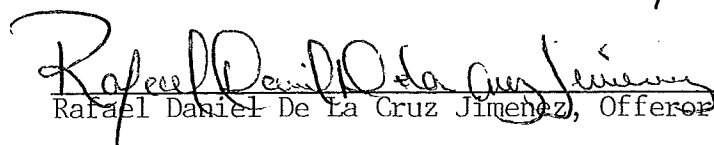
Executed Under Signature and Seal on 21 day of September, 2018.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Affiant

Certificate of Service

I, Rafael Daniel De La Cruz Jimenez, Offeror, hereby Certifies under oath that the attached of BP-11/NOTICE OF DEFAULT - CONSENT TO DECREE - DEMAND FOR SPECIFIC PERFORMANCE, a total of 2 pages; BP-10/NOTICE OF DEFAULT - CONSENT TO DECREE, a total of 3 pages; BP-9/Noitce of Fault - Opportunity to Cure, a total of 4 pages, with the Exhibit enclosed A, B, C, D, E, F, G Notice "International Remedy Demand a total of 12 pages; Notice of Fault - Opportunity to Cure a total of 13 pages; Notice of Default - Consent to Decree a total of 6 pages. A total of documents attach 43 pages, total pages sent 4, four copies of each, grand total 172 pages, were served to all Offerees through mailbox at FCI I Oakdale to CENTRAL OFFICE, DIRECTOR MARK INCH, FEDERAL BUREAU OF PRISONS (BOP), 320 First Street, N.W., Washington, D.C. 20534. Served by USPS prepaid Certify Mail #7018 0360 0000 8913 2828 and RR #9590 9402 2652 6336 8088 83.

Executed Under Signature and Seal on 21 day of September, 2018.

 (SEAL)
Rafael Daniel De La Cruz Jimenez, Offeror

USPS Postal Service
Certified Mail®
Domestic Mail Only

For delivery information, visit our website at www.usps.com

Rafael Daniel Jimenez, I.#56269-004
148338998

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee to total)
☐ Return Receipt (hardcopy) \$ 2.75
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$ 11.80

Total Postage and Fees \$ 18.00

Send To:
CENTRAL OFFICE DIRECTOR MARK INCH
320 First Street, N.W.
Washington, D.C. 20534

PS Form 3800, April 2015 PSN 7530-02-000-9053 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DIRECTOR MARK INCH
CENTRAL OFFICE
FEDERAL BUREAU OF PRISON (BOP)
320 First Street, N.W.
Washington, D.C. 20534

2. Article Number (transfer from service label)
7018 0360 0000 8913 2828

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

B. Received by (Printed Name)
C. Date of Delivery
SEP 27 2018

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below:
No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is not available for international mail.
- Insurance coverage is not available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, Domestic Return Receipt, attach PS Form 3811 to your mailpiece.
- For an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS® postmarked Certified Mail receipt to the retail associate.
- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signer to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signer to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office® for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the bracketed portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

PS Form 3800, April 2015 (Reverse) PSN 7530-02-000-9053

USPS TRACKING®

9590 9402 2652 6336 8088 83

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box:
 Rafael Daniel De La Cruz Jimenez
 Reg. #56269-004
 Federal Correctional Institution
 P.O. Box 5000
 Oakdale, LA 71463

3-500000
3

EXHIBIT J

MEDICAL RECORDS

**Bureau of Prisons
Health Services
Vitals All**

Begin Date: 01/01/2017

End Date: 05/04/2017

Reg #: 56269-004

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/04/2017	17:15 OAX	97.7	36.5		Dowdy, Keri RN
Orig Entered: 05/04/2017 21:59 EST Dowdy, Keri RN					
05/02/2017	09:01 OAX	97.5	36.4		Bradford, Patricia RN
Orig Entered: 05/02/2017 10:02 EST Bradford, Patricia RN					
05/01/2017	12:37 OAX	98.2	36.8		Thomas, Mary FNP-C
Orig Entered: 05/01/2017 13:39 EST Thomas, Mary FNP-C					
04/27/2017	13:46 OAX	97.8	36.6		Autin, Carol RN, IOP/IDC
Orig Entered: 04/27/2017 14:56 EST Autin, Carol RN, IOP/IDC					
04/26/2017	18:04 OAX	97.6	36.4		Byrd, Brandon RN
Orig Entered: 04/26/2017 19:05 EST Byrd, Brandon RN					
04/26/2017	11:51 OAX	96.9	36.1		Thomas, Mary FNP-C
Orig Entered: 04/26/2017 13:09 EST Thomas, Mary FNP-C					
04/20/2017	08:36 OAX	97.4	36.3		Willis, T. LPN
Orig Entered: 04/20/2017 09:40 EST Willis, T. LPN					
04/19/2017	07:20 OAX	97.4	36.3		Dowdy, Keri RN
Orig Entered: 04/19/2017 08:22 EST Dowdy, Keri RN					
04/17/2017	13:00 OAX	97.8	36.6		Pearce, Sandra RN
Orig Entered: 04/17/2017 14:02 EST Pearce, Sandra RN					
04/12/2017	06:59 OAX	97.6	36.4		Catoire, R. RN
Orig Entered: 04/12/2017 08:00 EST Catoire, R. RN					
04/10/2017	07:56 OAX	98.4	36.9		Bradford, Patricia RN
Orig Entered: 04/10/2017 08:57 EST Bradford, Patricia RN					
03/31/2017	07:23 OAX	98.2	36.8		McMickin, Joey D RN
Orig Entered: 03/31/2017 08:25 EST McMickin, Joey D RN					
03/07/2017	08:48 OAX	97.5	36.4		Thomas, Mary FNP-C
Orig Entered: 03/08/2017 08:21 EST Thomas, Mary FNP-C					
02/22/2017	12:23 OAX	97.5	36.4		Thomas, Mary FNP-C
Orig Entered: 02/23/2017 09:28 EST Thomas, Mary FNP-C					
01/04/2017	14:27 OAX	97.0	36.1		Savant, Theresa FNP
Orig Entered: 01/04/2017 15:29 EST Savant, Theresa FNP					

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/04/2017	17:15 OAX	82			Dowdy, Keri RN
Orig Entered: 05/04/2017 21:59 EST Dowdy, Keri RN					
05/02/2017	09:01 OAX	97			Bradford, Patricia RN
Orig Entered: 05/02/2017 10:02 EST Bradford, Patricia RN					
05/01/2017	12:37 OAX	86			Thomas, Mary FNP-C
Orig Entered: 05/01/2017 13:39 EST Thomas, Mary FNP-C					
04/27/2017	13:46 OAX	83			Autin, Carol RN, IOP/IDC
Orig Entered: 04/27/2017 14:56 EST Autin, Carol RN, IOP/IDC					
04/26/2017	18:04 OAX	78			Byrd, Brandon RN
Orig Entered: 04/26/2017 19:05 EST Byrd, Brandon RN					

Begin Date: 01/01/2017

End Date: 05/04/2017

Reg #: 56269-004

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

Date	Time	Rate Per Minute	Location	Rhythm	Provider
04/26/2017	11:51 OAX	74			Thomas, Mary FNP-C
	Orig Entered: 04/26/2017 13:09 EST		Thomas, Mary FNP-C		
04/20/2017	08:36 OAX	76			Willis, T. LPN
	Orig Entered: 04/20/2017 09:40 EST		Willis, T. LPN		
04/19/2017	07:20 OAX	69			Dowdy, Keri RN
	Orig Entered: 04/19/2017 08:22 EST		Dowdy, Keri RN		
04/17/2017	13:00 OAX	70			Pearce, Sandra RN
	Orig Entered: 04/17/2017 14:02 EST		Pearce, Sandra RN		
04/12/2017	06:59 OAX	60			Catoire, R. RN
	Orig Entered: 04/12/2017 08:00 EST		Catoire, R. RN		
04/10/2017	07:56 OAX	65			Bradford, Patricia RN
	Orig Entered: 04/10/2017 08:57 EST		Bradford, Patricia RN		
03/31/2017	07:23 OAX	63			McMickin, Joey D RN
	Orig Entered: 03/31/2017 08:25 EST		McMickin, Joey D RN		
03/07/2017	08:48 OAX	64			Thomas, Mary FNP-C
	Orig Entered: 03/08/2017 08:21 EST		Thomas, Mary FNP-C		
02/22/2017	12:23 OAX	83			Thomas, Mary FNP-C
	Orig Entered: 02/23/2017 09:28 EST		Thomas, Mary FNP-C		
01/04/2017	14:27 OAX	73			Savant, Theresa FNP
	Orig Entered: 01/04/2017 15:29 EST		Savant, Theresa FNP		

Respirations:

Date	Time	Rate Per Minute	Provider
05/04/2017	17:15 OAX	16	Dowdy, Keri RN
	Orig Entered: 05/04/2017 21:59 EST		Dowdy, Keri RN
05/02/2017	09:02 OAX	16	Bradford, Patricia RN
	Orig Entered: 05/02/2017 10:03 EST		Bradford, Patricia RN
05/01/2017	12:37 OAX	16	Thomas, Mary FNP-C
	Orig Entered: 05/01/2017 13:39 EST		Thomas, Mary FNP-C
04/27/2017	13:46 OAX	16	Autin, Carol RN, IOP/IDC
	Orig Entered: 04/27/2017 14:56 EST		Autin, Carol RN, IOP/IDC
04/26/2017	18:04 OAX	18	Byrd, Brandon RN
	Orig Entered: 04/26/2017 19:05 EST		Byrd, Brandon RN
04/26/2017	11:51 OAX	18	Thomas, Mary FNP-C
	Orig Entered: 04/26/2017 13:09 EST		Thomas, Mary FNP-C
04/20/2017	08:36 OAX	20	Willis, T. LPN
	Orig Entered: 04/20/2017 09:40 EST		Willis, T. LPN
04/19/2017	07:20 OAX	16	Dowdy, Keri RN
	Orig Entered: 04/19/2017 08:22 EST		Dowdy, Keri RN
04/17/2017	13:00 OAX	16	Pearce, Sandra RN
	Orig Entered: 04/17/2017 14:02 EST		Pearce, Sandra RN
04/12/2017	06:59 OAX	18	Catoire, R. RN
	Orig Entered: 04/12/2017 08:00 EST		Catoire, R. RN
04/10/2017	07:56 OAX	16	Bradford, Patricia RN
	Orig Entered: 04/10/2017 08:57 EST		Bradford, Patricia RN
03/31/2017	07:23 OAX	16	McMickin, Joey D RN
	Orig Entered: 03/31/2017 08:25 EST		McMickin, Joey D RN
03/07/2017	08:48 OAX	16	Thomas, Mary FNP-C
	Orig Entered: 03/08/2017 08:21 EST		Thomas, Mary FNP-C

Begin Date: 01/01/2017

End Date: 05/04/2017

Reg #: 56269-004

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

Date	Time	Rate Per Minute	Provider
02/22/2017	12:23 OAX	16	Thomas, Mary FNP-C
Orig Entered: 02/23/2017 09:28 EST Thomas, Mary FNP-C			
01/04/2017	14:27 OAX	18	Savant, Theresa FNP
Orig Entered: 01/04/2017 15:29 EST Savant, Theresa FNP			

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/04/2017	17:15 OAX	143/88				Dowdy, Keri RN
Orig Entered: 05/04/2017 21:59 EST Dowdy, Keri RN						
05/02/2017	09:02 OAX	138/89				Bradford, Patricia RN
Orig Entered: 05/02/2017 10:03 EST Bradford, Patricia RN						
05/01/2017	12:37 OAX	137/99				Thomas, Mary FNP-C
Orig Entered: 05/01/2017 13:39 EST Thomas, Mary FNP-C						
04/27/2017	13:46 OAX	140/95				Autin, Carol RN, IOP/IDC
Orig Entered: 04/27/2017 14:56 EST Autin, Carol RN, IOP/IDC						
04/26/2017	18:04 OAX	137/96				Byrd, Brandon RN
Orig Entered: 04/26/2017 19:05 EST Byrd, Brandon RN						
04/26/2017	11:51 OAX	155/92				Thomas, Mary FNP-C
Orig Entered: 04/26/2017 13:09 EST Thomas, Mary FNP-C						
04/20/2017	08:36 OAX	123/87				Willis, T. LPN
Orig Entered: 04/20/2017 09:40 EST Willis, T. LPN						
04/19/2017	07:20 OAX	123/88				Dowdy, Keri RN
Orig Entered: 04/19/2017 08:22 EST Dowdy, Keri RN						
04/17/2017	13:00 OAX	135/89				Pearce, Sandra RN
Orig Entered: 04/17/2017 14:02 EST Pearce, Sandra RN						
04/12/2017	06:59 OAX	130/87				Catoire, R. RN
Orig Entered: 04/12/2017 08:00 EST Catoire, R. RN						
04/10/2017	07:56 OAX	125/85				Bradford, Patricia RN
Orig Entered: 04/10/2017 08:57 EST Bradford, Patricia RN						
03/31/2017	07:23 OAX	114/76				McMickin, Joey D RN
Orig Entered: 03/31/2017 08:25 EST McMickin, Joey D RN						
03/07/2017	08:48 OAX	127/71				Thomas, Mary FNP-C
Orig Entered: 03/08/2017 08:21 EST Thomas, Mary FNP-C						
02/22/2017	12:23 OAX	114/66				Thomas, Mary FNP-C
Orig Entered: 02/23/2017 09:28 EST Thomas, Mary FNP-C						
01/04/2017	14:27 OAX	117/73				Savant, Theresa FNP
Orig Entered: 01/04/2017 15:29 EST Savant, Theresa FNP						

Blood Glucose:

Date	Time	Value (mg/dl)	Type	Regular Insulin	Provider
04/28/2017	06:52 OAX	108	Fasting		Johnstone, Susan CLS-T (Lab
Orig Entered: 04/28/2017 07:53 EST Johnstone, Susan CLS-T (Lab Technician)					
04/27/2017	13:55 OAX	104	Random		Autin, Carol RN, IOP/IDC
Orig Entered: 04/27/2017 14:56 EST Autin, Carol RN, IOP/IDC					
04/26/2017	11:51 OAX	118	Unknown		Thomas, Mary FNP-C
Orig Entered: 04/26/2017 13:09 EST Thomas, Mary FNP-C					

SaO2:

Date	Time	Value(%)	Air	Provider
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Begin Date: 01/01/2017

End Date: 05/04/2017

Reg #: 56269-004

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

Date	Time	Value(%)	Air	Provider
05/04/2017	17:15 OAX	98	Room Air	Dowdy, Keri RN
Orig Entered: 05/04/2017 21:59 EST Dowdy, Keri RN				
05/02/2017	09:02 OAX	97	Room Air	Bradford, Patricia RN
Orig Entered: 05/02/2017 10:03 EST Bradford, Patricia RN				
04/27/2017	13:46 OAX	100		Autin, Carol RN, IOP/IDC
Orig Entered: 04/27/2017 14:56 EST Autin, Carol RN, IOP/IDC				
04/26/2017	18:04 OAX	99	Room Air	Byrd, Brandon RN
Orig Entered: 04/26/2017 19:05 EST Byrd, Brandon RN				
04/26/2017	11:51 OAX	100	Room Air	Thomas, Mary FNP-C
Orig Entered: 04/26/2017 13:09 EST Thomas, Mary FNP-C				
04/20/2017	08:36 OAX	99		Willis, T. LPN
Orig Entered: 04/20/2017 09:40 EST Willis, T. LPN				
04/19/2017	07:20 OAX	100	Room Air	Dowdy, Keri RN
Orig Entered: 04/19/2017 08:22 EST Dowdy, Keri RN				
04/17/2017	13:00 OAX	99		Pearce, Sandra RN
Orig Entered: 04/17/2017 14:02 EST Pearce, Sandra RN				
04/10/2017	07:56 OAX	99	Room Air	Bradford, Patricia RN
Orig Entered: 04/10/2017 08:57 EST Bradford, Patricia RN				
03/31/2017	07:23 OAX	98	Room Air	McMickin, Joey D RN
Orig Entered: 03/31/2017 08:25 EST McMickin, Joey D RN				
01/04/2017	14:27 OAX	98	Room Air	Savant, Theresa FNP
Orig Entered: 01/04/2017 15:29 EST Savant, Theresa FNP				

Height:

Date	Time	Inches	Cm	Provider
04/20/2017	08:36 OAX	66.0	167.6	Willis, T. LPN
Orig Entered: 04/20/2017 09:40 EST Willis, T. LPN				
02/22/2017	12:23 OAX	66.0	167.6	Thomas, Mary FNP-C
Orig Entered: 02/23/2017 09:28 EST Thomas, Mary FNP-C				

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
04/27/2017	13:46 OAX	152.0	68.9		Autin, Carol RN, IOP/IDC
Orig Entered: 04/27/2017 14:56 EST Autin, Carol RN, IOP/IDC					
04/20/2017	08:36 OAX	161.0	73.0		Willis, T. LPN
Orig Entered: 04/20/2017 09:40 EST Willis, T. LPN					
04/17/2017	13:01 OAX	159.0	72.1		Pearce, Sandra RN
Orig Entered: 04/17/2017 14:02 EST Pearce, Sandra RN					
02/22/2017	12:23 OAX	170.0	77.1		Thomas, Mary FNP-C
Orig Entered: 02/23/2017 09:28 EST Thomas, Mary FNP-C					

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	02/24/2017 07:27	Facility:	OAK
		Unit:	P04
		Provider:	Catoire, R. RN

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Patient request sick call for headache off and on for last 10 days, states it is worse in evenings.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	03/07/2017 08:00	MLP 02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Catoire, R. RN on 02/24/2017 07:29

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M	Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Thomas, Mary FNP-C	Facility: OAK	Unit: P04
Encounter Date: 03/07/2017 08:48			

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: Headache

Subjective: " I have been stressed."
" I'm not sure if I need more glasses are not."

Reports to Health Services with c/o HA x 10 days, reports headaches start in the back of the head and radiates to the center of the forehead and to the left temporal region, inmate states the HA's occur more at night time, denies N/V, experiencing some sensitivity to light, currently is not experiencing a HA at this time, inmate states this is the worse HA he has ever had, inmate admits to having multiple stressors and states he has been working on his case a lot, states he is currently unemployed at this time, wears glasses, all vital signs are stable.

Pain: No

ROS:

HEENT

Eyes

Yes: Photophobia

Head

Yes: Headaches (Frequency: Intermittent x 10 days, mostly at night, sometime relieved with Motrin.)

Neurological

Autonomic System

No: Facial Numbness

Cranial Nerves

No: Disturbances of Smell, Facial Weakness & Taste Disturbance, Visual Disturbances

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/07/2017	08:48 OAX	97.5	36.4		Thomas, Mary FNP-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/07/2017	08:48 OAX	64			Thomas, Mary FNP-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/07/2017	08:48 OAX	16	Thomas, Mary FNP-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/07/2017	08:48 OAX	127/71				Thomas, Mary FNP-C

Exam:

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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 03/07/2017 08:48	Provider: Thomas, Mary FNP-C Unit: P04

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Head

General

Yes: Atraumatic/Normocephalic

No: Facial Asymmetry, Sinus Tenderness, Tenderness on Palpation, Temporal Artery Tenderness, Swelling

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Neck

General

Yes: Supple, Trachea Midline

Musculoskeletal

Yes: Full ROM

No: Tenderness, Swelling

Vascular

Yes: Carotid Pulse Normal

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Peripheral Vascular

General

Yes: Within Normal Limits

Musculoskeletal

Gait

Yes: Normal Gait

Exam Comments

--Vision screening conducted using Snellen Chart;

OS-20/70, OD-20/50-without correction lenses.
OU-20/20 with correction lenses.

Exam was negative for acute findings.

ASSESSMENT:

Headache, R51 - Current - *R/T stress, will refer to MD for further eval and tx due to inmate's description of HA, cont. OTC analgesics as needed, RTC ASAP for worsening s/s.*

PLAN:

Disposition:

Follow-up at Sick Call as Needed

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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 03/07/2017 08:48	Provider: Thomas, Mary FNP-C Unit: P04

Return Immediately if Condition Worsens

Other:

- Will forward encounter to HIT for scheduling with MD.
- Optometry exam scheduled -4/2017.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/07/2017	Counseling	Plan of Care	Thomas, Mary	Verbalizes Understanding
03/07/2017	Counseling	Plan of Care	Thomas, Mary	Needs Reinforcement

Education was provided on participating in stress management techniques such as reading, writing, daily physical fitness, and meditating.

Copay Required: Yes **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Thomas, Mary FNP-C on 03/08/2017 10:54

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	03/20/2017 06:37	Facility:	OAK
		Unit:	P04
		Provider:	Thomas, Mary FNP-C

Admin Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Thomas, Mary FNP-C

Report Review: ECG performed: 12/28/2016.

Results: SR, possible right ventricular hypertrophy, ST junctional depression is non-specific.

Plan: Repeat study.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
EKG	One Time		Previous abnormal study.	Thomas, Mary FNP-C

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Thomas, Mary FNP-C on 03/20/2017 06:40

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	03/31/2017 07:22	Provider:	McMickin, Joey D RN
		Facility:	OAK
		Unit:	P04

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** McMickin, Joey D RN

Complaining of flu like symptoms since last week, headaches, nausea / vomiting at times.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/31/2017	07:23 OAX	98.2	36.8		McMickin, Joey D RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/31/2017	07:23 OAX	63			McMickin, Joey D RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/31/2017	07:23 OAX	16	McMickin, Joey D RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/31/2017	07:23 OAX	114/76				McMickin, Joey D RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/31/2017	07:23 OAX	98	Room Air	McMickin, Joey D RN

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	04/03/2017 08:00	MLP 02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by McMickin, Joey D RN on 03/31/2017 07:30

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/03/2017 09:02	Provider: Thomas, Mary FNP-C Unit: P04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: Headache

Subjective: " The headaches are still coming, but more at night time."

Reports back to Health Services with c/o HA x 6 weeks, reports headaches start in the back of the head and radiates to the center of the forehead and to the left temporal region, inmate states the HA's occur more at night time, reports experiencing some dizziness when he moves his head from side to side, denies N/V, reports experiencing some sensitivity to light, inmate states this is the worse HA he has ever had, inmate admits to having multiple stressors which includes working on his case, but states he has not been working on his case as hard as previously before, inmate states he is concerned about these headaches because his mother passed away in 2/2016 from a brain tumor at the age of 74 all vital signs are stable, denies any additional contributing symptoms.

Pain: No

ROS:

HEENT

Ears

Yes: Vertigo

Eyes

Yes: Photophobia

No: Blurred Vision

Head

Yes: Headaches (Frequency: Daily, mostly occurring at night.)

Neurological

Autonomic System

No: Syncope, Facial Numbness, Hx Seizures

Cranial Nerves

No: Difficulties in Speech/Swallowing/Taste, Disturbances in Hearing, Disturbances of Smell, Facial Weakness & Taste Disturbance

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/31/2017	07:23 OAX	98.2	36.8		McMickin, Joey D RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/31/2017	07:23 OAX	63			McMickin, Joey D RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/03/2017 09:02	Provider: Thomas, Mary FNP-C Unit: P04

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/31/2017	07:23 OAX	16	McMickin, Joey D RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/31/2017	07:23 OAX	114/76				McMickin, Joey D RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/31/2017	07:23 OAX	98	Room Air	McMickin, Joey D RN

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

No: Facial Asymmetry, Temporal Artery Tenderness, Deformity

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Peripheral Vascular

General

Yes: Within Normal Limits

Musculoskeletal

Gait

Yes: Normal Gait

ASSESSMENT:

Dizziness and giddiness, R42 - Current - *Will place on a trial of Meclizine, RTC for worsening s/s, instructed to make sick call for refills.*

Migraine, G43909 - Current - *Instructed to keep a HA diary daily, will place on a trial of Effexor and refer to MD for further eval and treatment.*

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/03/2017 09:02	Provider: Thomas, Mary FNP-C Unit: P04

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Venlafaxine Oral 24 Hour Capsule (ER/XR)	04/03/2017 09:02	37.5 Orally - daily x 30 day(s) Pill Line Only
	Indication: Migraine		
	Meclizine HCl Tablet	04/03/2017 09:02	25 mg Orally - daily x 30 day(s)
	Indication: Headache		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
198866-OAX	DULoxetine HCl Delayed Rel 30 MG Cap	04/03/2017 09:02	Take one capsule (30 MG) by mouth each morning
	Discontinue Type: When Pharmacy Processes		
	Discontinue Reason:discontinue		
	Indication:		

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Other:

Will forward encounter to HIT for scheduling with MD.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/03/2017	Counseling	Plan of Care	Thomas, Mary	Verbalizes Understanding
04/03/2017	Counseling	Plan of Care	Thomas, Mary	Verbalizes Understanding
	Education was provided on participating in stress management techniques such as reading, writing, daily physical fitness, and meditating.			
04/03/2017	Counseling	Diet	Thomas, Mary	Verbalizes Understanding

Avoid foods which can trigger migraines such as caffeine and chocolate.

Copay Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Thomas, Mary FNP-C on 04/04/2017 16:15
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M
Encounter Date:	04/03/2017 09:02	Provider:	Thomas, Mary FNP-C
		Race:	WHITE
		Facility:	OAK

Cosigned by Alexandre, Joel MD/CD on 04/05/2017 11:37.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	04/10/2017 07:55	Provider:	Bradford, Patricia RN
		Facility:	OAK
		Unit:	P04

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Bradford, Patricia RN

Sick call for headache and vomiting for 48 hours.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/10/2017	07:56 OAX	98.4	36.9		Bradford, Patricia RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/10/2017	07:56 OAX	65			Bradford, Patricia RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/10/2017	07:56 OAX	16	Bradford, Patricia RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/10/2017	07:56 OAX	125/85				Bradford, Patricia RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/10/2017	07:56 OAX	99	Room Air	Bradford, Patricia RN

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	04/11/2017 08:00	MLP 02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Bradford, Patricia RN on 04/10/2017 07:58

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/11/2017 08:16	Provider: Thomas, Mary FNP-C Unit: P04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: GASTROINTESTINAL

Subjective: " I've been vomiting for 3 days."

Reports to Health Services with c/o abdominal pain and vomiting x 3 days, reports not being able to keep foods and liquids down, denies diarrhea, reports stools are hard, however,denies constipation, vital signs to date are stable, body temperature was retaken this am and was 98.4.

Pain: No

COMPLAINT 2 **Provider:** Thomas, Mary FNP-C

Chief Complaint: Headache

Subjective: " My head still hurts and the medicine did not work."

Reports back to Health Services with continued c/o HA's, denies changes in the characteristics of HA's, reports Effexor was non-therapeutic however, states Meclizine did help the dizziness, inmate reports only taking the medications for 2 days, denies vision changes at this time.

Hx/Dx: 4/3/2017-HA x 6 weeks, reports headaches start in the back of the head and radiates to the center of the forehead and to the left temporal region, inmate states the HA's occur more at night time, reports experiencing some dizziness when he moves his head from side to side, denies NV, reports experiencing some sensitivity to light,inmate states this is the worse HA he has ever had.

Pain: No

ROS:

HEENT

Head

Yes: Headaches

GI

General

Yes: Abdominal Pain or Colic, Nausea, Vomiting

No: Diarrhea

Neurological

Autonomic System

No: Syncope, Hx Seizures

Motor System

No: Abnormal Gait, Paralysis

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	04/12/2017 09:06	Provider:	Thomas, Mary FNP-C
		Facility:	OAK
		Unit:	P04

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Thomas, Mary FNP-C

Provider referred inmate to CD for c/o non-resolving headaches, upon completion of MD's consultation with the inmate, CD recommended the following POC,

-Cafergot 1 mg, 2 tabs at sign of attack, then 1 tablet every 1/2 hours if needed, max 6 tabs per attack. No more than 10 tabs a week.

-Reglan 10 mg.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ergotamine/Caffeine 1/100 Mg Oral Tab	04/12/2017 09:06	1 mg Orally - daily PRN x 30 day(s) -- Ergotamine 2 mg and caffeine 200 mg (2 tablets) at onset of attack; then ergotamine 1 mg and caffeine 100 mg (1 tablet) every 30 minutes as needed
	Indication: Migraine		
	Metoclopramide Tablet	04/12/2017 09:06	10 mg Orally - daily x 30 day(s)
	Indication: Migraine		

Other:

RTC for worsening s/s.

Copay Required: No **Cosign Required:** No
Telephone/Verbal Order: No

Completed by Thomas, Mary FNP-C on 04/12/2017 09:21

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	04/17/2017 12:58	Provider:	Pearce, Sandra RN
		Facility:	OAK
		Unit:	P04

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Pearce, Sandra RN

pt requesting sickcall for continuation of n/v. admits to throwing up 3 times last night. states its a greenish color. has only eaten chicken broth today. denies pain anywhere. denies diarrhea. admits to last bm being 04-10-2017. no distention or pain noted to abdomen at this time. pt states he can eat something and it just sits there and then a few hours later he throws up.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/17/2017	13:00 OAX	97.8	36.6		Pearce, Sandra RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/17/2017	13:00 OAX	70			Pearce, Sandra RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/17/2017	13:00 OAX	16	Pearce, Sandra RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/17/2017	13:00 OAX	135/89				Pearce, Sandra RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/17/2017	13:00 OAX	99		Pearce, Sandra RN

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
04/17/2017	13:01 OAX	159.0	72.1		Pearce, Sandra RN

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	04/18/2017 08:00	MLP 02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Pearce, Sandra RN on 04/17/2017 13:03

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	04/19/2017 11:54	Provider:	Dowdy, Keri RN
		Facility:	OAK
		Unit:	P04

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Dowdy, Keri RN

After receiving verbal orders from MLP for IV fluids, I informed inmate that I would be with him in a min and not to leave medical and he stated he was going to restroom for specimen collection for lab. Attempted to locate inmate X2. Unable to find. Was informed by other inmates he had left health services and went back to his housing unit.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Dowdy, Keri RN on 04/19/2017 12:03

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Thomas, Mary FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Thomas, Mary FNP-C	Facility: OAK
Encounter Date: 04/19/2017 09:57		Unit: P04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: Nausea/Vomiting

Subjective: " I'm still vomiting and have been for 18 days now."
 " I know guys that went out to the hospital when they where sick
 and when they came back they were fine."
 " I want some Ensure."

Reports back to Health Services with c/o continued vomiting with generalized weakness, (reports started on 4/1/2017), states vomiting is induced by eating and drinking, denies nausea and abdominal pain, previously reported experiencing migraine headaches, however, inmate makes no mention of having a HA at this time, reports to this provider that his last bowel movement was 18 days ago, however, inmate reported to staff nurse on 4/17/2017 that his last bowel movement was on 4/10/2017, abdomen 2 views was completed on 4/17/2017 and was negative for acute findings, inmate c/o's of these various symptoms have conflicting dates and times, all vitals are stable, denies additional contributing symptoms.

Pain: No

ROS:

GI

General

Yes: Vomiting

No: Abdominal Pain or Colic, Blood in Stools, Constipation, Diarrhea, Dysphagia, Heartburn, Nausea

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/19/2017	07:20 OAX	97.4	36.3		Dowdy, Keri RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/19/2017	07:20 OAX	69			Dowdy, Keri RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/19/2017	07:20 OAX	16	Dowdy, Keri RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/19/2017	07:20 OAX	123/88				Dowdy, Keri RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>

20

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/19/2017 09:57	Provider: Thomas, Mary FNP-C Unit: P04

Exam:

General

Yes: Within Normal Limits

Musculoskeletal

Gait

Yes: Normal Gait

Exam Comments

Labs was collected on 4/11/2017 with the following results noted, albumin was 4.6, all electrolytes were noted to be WNL, PE exam was negative for acute findings, provider contacted inmate's housing unit to inquire about inmate's symptoms and if anyone had visibly witnessed the inmate vomiting, it was reported that the inmate was seen vomiting in the past 2 days by another inmate versus staff.

ASSESSMENT:

Vomiting, unspecified, R1110 - Current - Will order a bolus of NS x 1 liter, Urine dipstick, stool for FOB and parasite, Tigan x 3 days PRN, F/U with CD as scheduled, will order drug screen.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Trimethobenzamide Capsule	04/19/2017 09:57	300 mg Orally - three times a day PRN x 3 day(s)
	Indication: Vomiting, unspecified		
	Sodium Chloride Injection 0.9%	04/19/2017 09:57	1000 ml Intravenously one time x 1 day(s) Pill Line Only -- Bolus.
	Indication: Vomiting, unspecified		

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-D-Drug screen, urine	One Time	04/21/2017 00:00	Routine
Lab Tests-D-Drug screen, serum			
Labs requested to be reviewed by:	Alexandre, Joel MD/CD		
Lab Tests-O-O & P, stool	One Time	04/21/2017 00:00	Routine
Labs requested to be reviewed by:	Alexandre, Joel MD/CD		

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Fecal Occult Blood	One Time			Thomas, Mary FNP-C
Fecal Occult Blood	One Time			Thomas, Mary FNP-C
Fecal Occult Blood	One Time			Thomas, Mary FNP-C
Urine Dipstick	One Time			Thomas, Mary FNP-C

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/19/2017	Counseling	Plan of Care	Thomas, Mary	Verbalizes Understanding

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	04/19/2017 07:20	Provider:	Dowdy, Keri RN
		Facility:	OAK
		Unit:	P04

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Dowdy, Keri RN

Inmate c/o vomiting X 18days. Also c/o weakness. Denies any other complaints.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/19/2017	07:20 OAX	97.4	36.3		Dowdy, Keri RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/19/2017	07:20 OAX	69			Dowdy, Keri RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/19/2017	07:20 OAX	16	Dowdy, Keri RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/19/2017	07:20 OAX	123/88				Dowdy, Keri RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/19/2017	07:20 OAX	100	Room Air	Dowdy, Keri RN

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Sick Call/Triage	04/19/2017 09:00	MLP 02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Dowdy, Keri RN on 04/19/2017 07:24

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Alexandre, Joel MD/CD	Facility: OAK
Encounter Date: 04/20/2017 10:30		Unit: P04

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Alexandre, Joel MD/CD

Chief Complaint: Other Problem

Subjective: Endocrine/Lipid ; Has temporarily stopped lipitor

Orthopedic/Rheumatology ; Status quo

Neurology; Hx of migraine. Could use Prozac as prevention for migraine.

Mental Health ; PHQ-9 of 17. Strong neurovegetative symptomatology. No SI/HI/H's.

Pain: Nausea and vomiting past 15 days not accompanied with headaches.. Last time did well with reglan,.
PHQ-9 score of 17(moderate).
Not Applicable

Seen for clinic(s): Endocrine/Lipid, Orthopedic/Rheumatology, Neurology, Mental Health

Added to clinic(s): Neurology, Mental Health

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/20/2017	08:36 OAX	97.4	36.3		Willis, T. LPN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/20/2017	08:36 OAX	76			Willis, T. LPN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/20/2017	08:36 OAX	20	Willis, T. LPN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/20/2017	08:36 OAX	123/87				Willis, T. LPN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>	<u>#</u>
					23

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/20/2017 10:30	Provider: Alexandre, Joel MD/CD Unit: P04

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/20/2017	08:36 OAX	99		Willis, T. LPN

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
04/20/2017	08:36 OAX	66.0	167.6	Willis, T. LPN

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
04/20/2017	08:36 OAX	161.0	73.0		Willis, T. LPN

Exam:

General

Appearance

Yes: Appears Distressed, Alert and Oriented x 3, Lethargic

No: Appears Well, Appears in Pain, Writhing in Pain, Pale, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Malnourished, Appears Obese

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Conjunctiva and Sclera

Yes: Within Normal Limits

Pulmonary

Observation/Inspection

No: Respiratory Distress, Tachypnea, Hyperventilation

Cardiovascular

Observation

No: Cardiopulmonary Distress, Painful Distress

Musculoskeletal

Gait

Yes: Normal Gait

Mental Health

Posture

Yes: Slumped

Grooming/Hygiene

Yes: Within Normal Limits

Affect

Yes: Appropriate, Flat, Apathy, Depression, Sad

No: Within Normal Limits, Hostility, Evasive, Elation, Euphoria

Speech/Language

Yes: Slow Rate

Mood

Yes: Sadness, Melancholy

Perceptions

Yes: Within Normal Limits

Orientation

Yes: Within Normal Limits

Attention

No: Within Normal Limits, Appropriate

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**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	04/26/2017 18:03	Provider:	Byrd, Brandon RN
		Facility:	OAK
		Unit:	P04

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Byrd, Brandon RN

Inmate return from emergency medical trip. Diagnosis of constipation. No MLP on duty. Inmate reports feeling better. Follow up appointment will be scheduled.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/26/2017	18:04 OAX	97.6	36.4		Byrd, Brandon RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/26/2017	18:04 OAX	78			Byrd, Brandon RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/26/2017	18:04 OAX	18	Byrd, Brandon RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/26/2017	18:04 OAX	137/96				Byrd, Brandon RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/26/2017	18:04 OAX	99	Room Air	Byrd, Brandon RN

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	04/27/2017 13:00	MLP 02

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Byrd, Brandon RN on 04/26/2017 18:06

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/26/2017 12:24	Provider: Thomas, Mary FNP-C Unit: P04

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: Fainting/Near Fainting

Subjective: Inmate is moaning and groaning, does reply to painful and olfactory stimuli.

Medical emergency was called in Food Service, inmate was food passed out, responding to sternal rub only, non-verbal and not responding to verbal commands, transported per medical cart to Health Services- 96.9, P-74, R. 18, B/P-155/92, CBS-118, O2 saturation-100% on RA, pupils- PERRLA and EOM intact, lung CTA, abdomen is soft, non-tender, no evidence of incontinence of bowel or bladder, no visible bruises, lacerations, abrasion or impaired skin integrity assessed related to s/p fall, generalized weakness to upper and lower extremities, eyes remain closed, will transfer to local ER for further evaluation and treatment.

Pain: No

ROS:

Cardiovascular

General

Yes: Syncope

No: Angina, Cyanosis

OBJECTIVE:

Exam:

General

Appearance

Yes: Stuporous

No: Cachectic, Pale, Cyanotic

Skin

General

Yes: Dry, Skin Intact, Warmth

Head

General

Yes: Atraumatic/Normocephalic

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Crackles, Rhonchi, Wheezing

Cardiovascular

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/26/2017 12:24	Provider: Thomas, Mary FNP-C Unit: P04

Exam:

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft

No: Guarding, Rigidity, Tenderness on Palpation

Musculoskeletal

Gait

No: Normal Gait

Exam Comments

EKG revealed Sinus Tach, short PR interval, possible right atrial abnormality, rSr(V1)-probable normal variant, extensive ST-T changes are borderline.

ASSESSMENT:

Syncope and collapse, R55 - Current - Transfer to ER per ambulance, staff RN, HSA, and operations notified, transfer in progress, apply O2 @ 2liters, start IV with NS @ KVO.

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	04/26/2017	04/26/2017	Emergent	No	

Subtype:

Emergency Room

Reason for Request:

Inmate is moaning and groaning, does reply to painful and olfactory stimuli.

Medical emergency was called in Food Service, inmate was food passed out, responding to sternal rub only, non-verbal and not responding to verbal commands, transported per medical cart to Health Services- 96.9, P-74, R. 18, B/P-155/92, CBS-118, O2 saturation-100% on RA, pupils- PERRLA and EOM intact, lung CTA, abdomen is soft, non-tender, no evidence of incontinence of bowel or bladder, no visible bruises, lacerations, abrasion or impaired skin integrity assessed related to s/p fall, generalized weakness to upper and lower extremities, eyes remain close, will transfer to local ER for further evaluation and treatment, will transfer to local ER per ambulance for further evaluation and treatment, staff RN, HSA and operations notified, transfer in progress.

Provisional Diagnosis:

Syncope and collapse.

Discontinued Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 04/26/2017 12:24	Provider: Thomas, Mary FNP-C Unit: P04

Emergency Room	04/26/2017	04/26/2017	Emergent	No
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Subtype:

Emergency Room

Reason for Request:

Inmate is morning and groaning, does reply to painful and olfactory stimuli.

Medical emergency was called in Food Service, inmate was food passed out, responding to sternal rub only, non-verbal and not responding to verbal commands, transported per medical cart to Health Services- 96.9, P-74, R. 18, B/P-155/92, CBS-118, 02 saturation-100% on RA, pupils- PERRLA and EOM intact, lung CTA, abdomen is soft, non-tender, no evidence of incontinence of bowel or bladder, no visible bruises, lacerations, abrasion or impaired skin integrity assessed related to s/p fall, generalized weakness to upper and lower extremities, eyes remain close, will transfer to local ER per ambulance for further evaluation and treatment, staff RN, HSA and operations notified, transfer in progress.

Provisional Diagnosis:

Syncope and collapse.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Thomas, Mary FNP-C on 04/26/2017 12:29

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M	Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Thomas, Mary FNP-C	Facility: OAK	Unit: P04
Encounter Date: 04/26/2017 11:51			

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: Fainting/Near Fainting

Subjective: Inmate is morning and groaning, does reply to painful and olfactory stimuli.

Medical emergency was called in Food Service, inmate was food passed out, responding to sternal rub only, non-verbal and not responding to verbal commands, transported per medical cart to Health Services- 96.9, P-74, R. 18, B/P-155/92, CBS-118, O2 saturation-100% on RA, pupils- PERRLA and EOM intact, lung CTA, abdomen is soft, non-tender, no evidence of incontinence of bowel or bladder, no visible bruises, lacerations, abrasion or impaired skin integrity assessed related to s/p fall, generalized weakness to upper and lower extremities, eyes remain close, will transfer to local ER for further evaluation and treatment.

Pain: No

ROS:

Cardiovascular

General

Yes: Syncope

No: Angina, Cyanosis

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/26/2017	11:51 OAX	96.9	36.1		Thomas, Mary FNP-C
04/20/2017	08:36 OAX	97.4	36.3		Willis, T. LPN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/26/2017	11:51 OAX	74			Thomas, Mary FNP-C
04/20/2017	08:36 OAX	76			Willis, T. LPN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/26/2017	11:51 OAX	18	Thomas, Mary FNP-C
04/20/2017	08:36 OAX	20	Willis, T. LPN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/26/2017	11:51 OAX	155/92				Thomas, Mary FNP-C
04/20/2017	08:36 OAX	123/87				Willis, T. LPN

Blood Glucose:

<u>Date</u>	<u>Time</u>	<u>Value (mg/dl)</u>	<u>Type</u>	<u>Regular Insulin</u>	<u>Provider</u>
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56249-004

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FCC-OAK

OAKDALE COMMUNITY HOSPITAL
130 NORTH HOSPITAL DRIVE
OAKDALE, LA 71463

NAME	NUMBER	SEX	AGE	ADMIT	DISC.	XRAY#	F/C	TYPE
DE LA CRUZ JIMENEZ RA+	30003897	M	48	4/26/17		57633	DB2	E/R
DATE OF BIRTH: 04/10/1969				M/R# 074435	PH#: 318-335-4070 RM ER-5			
LOCATION: EMERGENCY ROOM				TRANSCRIBED: 04/26/17 16:24				
CT ABDOMEN & PELVIS WO CONT 74176				COMPLETED: 04/26/17 15:06 EC 95986				
{REASON FOR ABDOMEN: CONSTIPATION								
PHYSICIAN: WILLIAM RE								

PROCEDURE: CT ABDOMEN & PELVIS WO CONT dated 4/26/2017 2:52 PM

CLINICAL HISTORY: Male 48 years of age. {REASON FOR ABDOMEN: CONSTIPATION
abdominal pain for one week. Constipation.

TECHNIQUE: Routine CT of the Abdomen and Pelvis without IV contrast and without oral contrast. All CT scans performed at this facility use dose modulation, iterative reconstruction, and/or weight based dosing when appropriate to reduce radiation dose as low as reasonably achievable.

PREVIOUS STUDIES: None Available

FINDINGS:

Abdomen:

Lower Chest: The lung bases are clear. There are no suspicious focal lesions identified.

Liver: Liver is normal in size without suspicious focal lesion.

Bile Ducts: There is no biliary dilatation seen.

Gallbladder: No stones or wall thickening is seen.

Pancreas: Pancreas is unremarkable. No mass or inflammatory process or ductal dilatation is seen.

Spleen: Spleen is unremarkable. No mass or splenomegaly present.

Adrenals: No adrenal masses are seen.

Kidneys: There are no renal stones present. No solid masses are seen. No filling defects in the collecting system. No hydronephrosis seen.

Pelvis:

Prostate: Prostate is unremarkable in appearance.

Ureters: There is no hydroureter or ureterolithiasis seen.

Bladder: There is no stone or filling defect in the urinary bladder.

Bowel: The stomach and GE junction are unremarkable. The small bowel is normal in appearance. There is excessive stool present in keeping with constipation. The appendix is unremarkable.

Mesentery: No enlarged mesenteric lymph nodes.

Peritoneum: No ascites or free air, no fluid collection.

Vessels: The abdominal aorta is normal in caliber without evidence of significant atherosclerotic plaque.

Retroperitoneum: There is no enlarged retroperitoneal adenopathy seen. No masses or abnormal fluid collections present.

Abdominal Wall: No abdominal wall masses or fluid collections seen. No evidence of hernia.

Osseous Structures: There is a mild degree of degenerative disease identified in the osseous structures.

IMPRESSION:

Constipation otherwise unremarkable.

Electronically Signed by Paul Smith M. D., DABR on 4/26/2017 4:26 PM

Dictated By:

PAUL R SMITH Radiologist

Reviewed and Electronically Signed by:

PAUL R SMITH
Radiologist

Signed Date:

04/26/17 16:24

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/04/2017 21:16	Provider: Dowdy, Keri RN Unit: V02

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Dowdy, Keri RN

Chief Complaint: Nausea/Vomiting

Subjective: Inmate c/o nausea.

Pain: Not Applicable

OBJECTIVE:

ASSESSMENT:

Other

Officer in Vernon unit called to inform me that Inmate De la Cruz is still having complaints of feeling weak and off balance. Also now complaining of nausea. No other complaints reported. No vomiting reported. MLP on call contacted and informed of complaints. Also informed of complaints that inmate made earlier.

MLP gave the following orders: Take another Meclizine 25mg po, Drink plenty of fluids, Lay down and rest and sign up for sick call in the morning. Inmate informed.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens
Return To Sick Call if Not Improved

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/04/2017	Counseling	Access to Care	Dowdy, Keri	Verbalizes Understanding
05/04/2017	Counseling	Safety/Injury Prevention	Dowdy, Keri	Verbalizes Understanding
05/04/2017	Counseling	Diet	Dowdy, Keri	Verbalizes Understanding

drink plenty of fluids

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/04/2017 17:15	Provider: Dowdy, Keri RN Unit: V02

Exam:

General

Yes: Nares Patent

Face

General

Yes: Symmetric

Neck

General

Yes: Within Normal Limits, Trachea Midline

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Peripheral Vascular

General

Yes: Within Normal Limits

Neurologic

Glasgow Coma Scale

Yes: GCS 15

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate presents to health services during pill line via cart/yard officer with complaints of weakness/feeling "off balance". Inmate ambulatory into medical for assessment/steady gait. States while walking to food service he felt dizziness/weak and off balance. Denies any other complaints. Was prescribed meclizine on 4/20/17. Inmate states he has the medicine but he doesn't think it works.

NAD. Respiration even and unlabored. Skin warm and dry. Instructed inmate to return to unit, drink plenty of fluids & to follow up at sick call in the morning.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/04/2017	Counseling	Access to Care	Dowdy, Keri	Verbalizes Understanding
05/04/2017	Counseling	New Medication	Dowdy, Keri	Verbalizes Understanding
05/04/2017	Counseling	Safety/Injury Prevention	Dowdy, Keri	Verbalizes Understanding

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL Reg #: 56269-004
Date of Birth: 04/10/1969 Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/05/2017 06:51 Provider: Autin, Carol RN, IOP/IDC Unit: V02

Exam:

General

Yes: Within Normal Limits, Dry, Skin Intact, Warmth

Eyes

General

Yes; PERRLA

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Musculoskeletal

Gait

Yes: Guarded Gait

Ankle/Foot/Toes ROM and Tests

Yes: Ambulating

ASSESSMENT:

Other

Inmate continues to complain about dizziness and being unbalanced. Ambulating slowly, responds correctly to all verbal stimuli, skin warm and dry, color good, lungs clear, and ears clear and WNL as stated by the MLP after ear exam. Weight loss of 10# within two weeks noted. Inmate is on Meclizine for complaints of dizziness. Verbal orders received from the duty MLP to increase Meclizine 25 mg. to three times a day and issue, issue a lower bunk status for two weeks, and a walker for two weeks. Follow up with the MLP in two weeks. Plan of care explained. Verbalized understanding.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Meclizine HCl Tablet	05/05/2017 06:51	25 mg Orally - three times a day x 30 day(s)
	Start Now: Yes		
	Night Stock Rx#:		
	Source: Sub Stock Location		
	Admin Method: Self Administration		
	Stop Date: 06/04/2017 06:50		
	MAR Label: 25 mg Orally - three times a day x 30 day(s)		
	One Time Dose Given: No		

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/05/2017 06:32	Provider:	Moody, Rashauna ANP-
		Facility:	OAK
		Unit:	V02

Review Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Moody, Rashauna ANP-BC

MLP on call notified by duty nurse on 5/4/17 that inmate was complaining of nausea and being "off balanced." Advised inmate had a prescription for Meclizine 25 mg once daily. MLP had duty nurse review chart and inmate was recently evaluated 4/26/17 for syncope at OCH's ER. MLP on call advised for inmate to take another Meclizine 25 mg po x one dose and follow-up with duty MLP in the morning.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/04/2017	17:15 OAX	97.7	36.5		Dowdy, Keri RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/04/2017	17:15 OAX	82			Dowdy, Keri RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/04/2017	17:15 OAX	16	Dowdy, Keri RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/04/2017	17:15 OAX	143/88				Dowdy, Keri RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/04/2017	17:15 OAX	98	Room Air	Dowdy, Keri RN

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Moody, Rashauna ANP-BC on 05/05/2017 06:41

**Bureau of Prisons
Health Services
Vitals All**

Begin Date: 05/05/2017

End Date: 09/20/2017

Reg #: 56269-004

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/21/2017	13:20 OAX	97.3	36.3		Thomas, Mary FNP-C
Orig Entered: 08/30/2017 09:50 EST Thomas, Mary FNP-C					
06/16/2017	11:37 OAX	97.9	36.6		Savant, Theresa FNP
Orig Entered: 06/16/2017 15:13 EST Savant, Theresa FNP					
06/03/2017	14:25 OAX	98.0	36.7		Catoire, R. RN
Orig Entered: 06/03/2017 15:27 EST Catoire, R. RN					
05/26/2017	20:03 OAX	98.7	37.1		Dowdy, Keri RN
Orig Entered: 05/26/2017 21:05 EST Dowdy, Keri RN					
05/24/2017	12:17 OAX	98.5	36.9		Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN					
05/16/2017	10:40 OAX	97.9	36.6		Thomas, Mary FNP-C
Orig Entered: 05/17/2017 10:25 EST Thomas, Mary FNP-C					
05/15/2017	20:06 OAX	97.1	36.2	Oral	Perkins, Elizabeth RN
Orig Entered: 05/15/2017 21:09 EST Perkins, Elizabeth RN					
05/05/2017	06:51 OAX	97.7	36.5		Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC					

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/21/2017	13:20 OAX	71			Thomas, Mary FNP-C
Orig Entered: 08/30/2017 09:50 EST Thomas, Mary FNP-C					
06/16/2017	11:37 OAX	71			Savant, Theresa FNP
Orig Entered: 06/16/2017 15:13 EST Savant, Theresa FNP					
06/03/2017	14:25 OAX	76			Catoire, R. RN
Orig Entered: 06/03/2017 15:27 EST Catoire, R. RN					
05/26/2017	20:03 OAX	97			Dowdy, Keri RN
Orig Entered: 05/26/2017 21:05 EST Dowdy, Keri RN					
05/24/2017	12:17 OAX	100			Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN					
05/16/2017	10:40 OAX	100			Thomas, Mary FNP-C
Orig Entered: 05/17/2017 10:25 EST Thomas, Mary FNP-C					
05/15/2017	20:06 OAX	110	Radial	Regular	Perkins, Elizabeth RN
Orig Entered: 05/15/2017 21:09 EST Perkins, Elizabeth RN					
05/09/2017	11:40 OAX	95			Savant, Theresa FNP
Orig Entered: 05/09/2017 12:44 EST Savant, Theresa FNP					
05/05/2017	06:51 OAX	86			Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC					

Respirations:

Date	Time	Rate Per Minute	Provider
08/21/2017	13:20 OAX	16	Thomas, Mary FNP-C
Orig Entered: 08/30/2017 09:50 EST Thomas, Mary FNP-C			

Begin Date: 05/05/2017

End Date: 09/20/2017

Reg #: 56269-004

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

Date	Time	Rate Per Minute	Provider
06/16/2017	11:37 OAX	20	Savant, Theresa FNP
Orig Entered: 06/16/2017 15:13 EST Savant, Theresa FNP			
06/03/2017	14:25 OAX	18	Catoire, R. RN
Orig Entered: 06/03/2017 15:27 EST Catoire, R. RN			
05/26/2017	20:03 OAX	16	Dowdy, Keri RN
Orig Entered: 05/26/2017 21:05 EST Dowdy, Keri RN			
05/24/2017	12:17 OAX	20	Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN			
05/16/2017	10:40 OAX	16	Thomas, Mary FNP-C
Orig Entered: 05/17/2017 10:25 EST Thomas, Mary FNP-C			
05/15/2017	20:06 OAX	20	Perkins, Elizabeth RN
Orig Entered: 05/15/2017 21:09 EST Perkins, Elizabeth RN			
05/09/2017	11:40 OAX	20	Savant, Theresa FNP
Orig Entered: 05/09/2017 12:44 EST Savant, Theresa FNP			
05/05/2017	06:51 OAX	16	Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC			

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
08/21/2017	13:20 OAX	139/83				Thomas, Mary FNP-C
Orig Entered: 08/30/2017 09:50 EST Thomas, Mary FNP-C						
06/16/2017	11:37 OAX	127/88				Savant, Theresa FNP
Orig Entered: 06/16/2017 15:13 EST Savant, Theresa FNP						
06/03/2017	14:25 OAX	105/74				Catoire, R. RN
Orig Entered: 06/03/2017 15:27 EST Catoire, R. RN						
05/26/2017	20:03 OAX	128/77				Dowdy, Keri RN
Orig Entered: 05/26/2017 21:05 EST Dowdy, Keri RN						
05/24/2017	12:17 OAX	122/81				Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN						
05/16/2017	10:40 OAX	148/88				Thomas, Mary FNP-C
Orig Entered: 05/17/2017 10:25 EST Thomas, Mary FNP-C						
05/15/2017	20:06 OAX	138/91	Left Arm	Sitting	Adult-regular	Perkins, Elizabeth RN
Orig Entered: 05/15/2017 21:09 EST Perkins, Elizabeth RN						
05/09/2017	11:40 OAX	124/92				Savant, Theresa FNP
Orig Entered: 05/09/2017 12:44 EST Savant, Theresa FNP						
05/05/2017	06:51 OAX	141/93				Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC						

Blood Glucose:

Date	Time	Value (mg/dl)	Type	Regular Insulin	Provider
05/09/2017	12:15 OAX	107	Random		Savant, Theresa FNP
Orig Entered: 05/09/2017 14:15 EST Savant, Theresa FNP					
05/05/2017	06:51 OAX	102	Fasting		Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC					

SaO2:

Date	Time	Value(%)	Air	Provider
05/26/2017	20:03 OAX	96	Room Air	Dowdy, Keri RN
Orig Entered: 05/26/2017 21:05 EST Dowdy, Keri RN				

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Begin Date: 05/05/2017	End Date: 09/20/2017
Reg #: 56269-004	Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/24/2017	12:17 OAX	98		Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN				
05/15/2017	20:06 OAX	98	Room Air	Perkins, Elizabeth RN
Orig Entered: 05/15/2017 21:09 EST Perkins, Elizabeth RN				
05/09/2017	11:40 OAX	97	Room Air	Savant, Theresa FNP
Orig Entered: 05/09/2017 12:44 EST Savant, Theresa FNP				
05/05/2017	06:51 OAX	99		Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC				

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
05/24/2017	12:17 OAX	66.0	167.6	Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN				
05/09/2017	11:40 OAX	66.0	167.6	Savant, Theresa FNP
Orig Entered: 05/09/2017 12:44 EST Savant, Theresa FNP				

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
08/21/2017	13:20 OAX	181.0	82.1		Thomas, Mary FNP-C
Orig Entered: 08/30/2017 09:50 EST Thomas, Mary FNP-C					
05/24/2017	12:17 OAX	146.0	66.2		Willis, T. LPN
Orig Entered: 05/24/2017 13:19 EST Willis, T. LPN					
05/09/2017	12:28 OAX	148.0	67.1		Autin, Carol RN IOP/IDC
Orig Entered: 05/09/2017 13:31 EST Autin, Carol RN IOP/IDC					
05/09/2017	11:40 OAX	151.0	68.5		Savant, Theresa FNP
Orig Entered: 05/09/2017 12:44 EST Savant, Theresa FNP					
05/05/2017	06:51 OAX	151.0	68.5		Autin, Carol RN IOP/IDC
Orig Entered: 05/05/2017 07:52 EST Autin, Carol RN IOP/IDC					

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/09/2017 21:45	Facility:	OAK
		Unit:	V02
		Provider:	Perkins, Elizabeth RN

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Perkins, Elizabeth RN

Phone call from OCH stating KUB is negative but scan revealed brain mass. Inmate transferred to Rapides.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Perkins, Elizabeth RN on 05/09/2017 21:46
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/09/2017 21:45	Facility:	OAK
		Unit:	V02
		Provider:	Perkins, Elizabeth RN

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Perkins, Elizabeth RN

Phone call from OCH stating KUB is negative but scan revealed brain mass. Inmate transferred to Rapides.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Perkins, Elizabeth RN on 05/09/2017 21:46

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/09/2017 13:33	Facility:	OAK
		Provider:	Autin, Carol RN, IOP/IDC
		Unit:	V02

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Autin, Carol RN, IOP/IDC

Per Mrs. Howard, HSA verbal orders received from Clinical Director to get a stat KUB x-ray, and send to the local hospital for a full Urine Toxicology Screen and a full Blood Toxicology Screen to include K2 drug in both screenings, and CT of head. Weight as following:

2/22/17 - 170 #

4/17/17 - 159 #

4/27/17 - 152 #

5/9/17 - 145 # (check twice with health services staff present).

A total of 35 pounds in approx. 2.5 months.

Approx. one month ago, this inmate began with a flat affect, unsteady gait to the point of needing others to assist him when ambulating, syncope, mood swing, confusion, and withdrawn. He quit his job and does not take his prescribed medications. He states several different kinds of unknown side effects as the reason why he won't take them. He was sent to the local hospital on 4/26/17 for complaint of syncope. He returned the same evening with a diagnosis of constipation. Inmate has been evaluated by a health services provider 17 times since 4/3/17 with this being the second trip to the local hospital. Unofficial KUB stat report reveals severe constipation. Inmate refuses to take any medications prescribed.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Autin, Carol RN, IOP/IDC on 05/09/2017 13:35

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Note Date: 05/09/2017 12:51	Provider: Autin, Carol RN, IOP/IDC Unit: V02

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Autin, Carol RN, IOP/IDC

Per Mrs. Howard, HSA verbal orders received from Clinical Director to get a stat KUB x-ray, and send to the local hospital for a full Urine Toxicology Screen and a full Blood Toxicology Screen to include K2 drug in both screenings, and CT of head. Weight as following:

2/22/17 - 170 #

4/17/17 - 159 #

4/27/17 - 152 #

5/9/17 - 145 # (check twice with health services staff present).

A total of 35 pounds in approx. 2.5 months.

Approx. one month ago, this inmate began with a flat affect, unsteady gait to the point of needing others to assist him when ambulating, syncope, mood swing, confusion, and withdrawn. He quit his job and does not take his prescribed medications. He states several different kinds of unknown side effects as the reason why he won't take them. He was sent to the local hospital on 4/26/17 for complaint of syncope. He returned the same evening with a diagnosis of constipation. Inmate has been evaluated by a health services provider 17 times since 4/3/17 with this being the second trip to the local hospital.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled</u>	<u>Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	05/09/2017	05/09/2017		Emergent	No	English

Subtype:

Emergency Room

Reason for Request:

Full Urine Toxicology Screen and Full Blood Toxicology Screen to include K2 drug screening, CT of head

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Alexandre, Joel MD/CD

Telephone or Verbal order read back and verified.

Completed by Autin, Carol RN, IOP/IDC on 05/09/2017 13:30

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Savant, Theresa FNP.

Review documentation will be displayed on the following page.

RAPIDES REGIONAL MEDICAL CENTER (COCRA)
Neurosurgical Progress Note
REPORT#: 0514-0191 REPORT STATUS: Signed
DATE: 05/14/17 TIME: 1036

PATIENT: DE LA CRUZ, JIMINEZ UNIT #: E001097787
ACCOUNT#: E00052528471 ROOM/BED: E.5401-A
DOB: 04/10/69 AGE: 48 SEX: M ATTEND: Dowd, Gregory C MD
ADM DT: 05/09/17 AUTHOR: Dowd, Gregory C MD
REP SRV DT: 05/14/17 REP SRV TM: 1036
* ALL edits or amendments must be made on the electronic/computer document *

Objective

Physical Exam

General appearance: alert

Wound/incision:

Location:

posterior scalp

Site condition: dressing clean & dry, dressing intact

Neuro/CNS: alert, oriented X 3, normal speech, no motor deficits, no sensory deficits

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Cerebellar mass

Free Text A&P:

Patient awake, alert.

Speaks clearly.

English second language but he states clear understanding

Moves all extremities. No focal deficit.

incision dry

neuro intact

mobilize

Electronically Signed by Dowd, Gregory C MD on 05/14/17 at 1037

RPT #: 0514-0191
END OF REPORT

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**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/09/2017 11:40	Provider: Savant, Theresa FNP Unit: V02

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Savant, Theresa FNP

Chief Complaint: Muscle Weakness

Subjective: I have no strength in my joints.

Pain: No

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/09/2017	11:40 OAX	95			Savant, Theresa FNP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/09/2017	11:40 OAX	20	Savant, Theresa FNP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/09/2017	11:40 OAX	124/92				Savant, Theresa FNP

Blood Glucose:

<u>Date</u>	<u>Time</u>	<u>Value (mg/dl)</u>	<u>Type</u>	<u>Regular Insulin</u>	<u>Provider</u>
05/09/2017	12:15 OAX	107	Random		Savant, Theresa FNP

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/09/2017	11:40 OAX	97	Room Air	Savant, Theresa FNP

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
05/09/2017	11:40 OAX	66.0	167.6	Savant, Theresa FNP

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
05/09/2017	11:40 OAX	151.0	68.5		Savant, Theresa FNP

ROS Comments

Patient states 'I have no strength in my joints: both elbows and both knees. I'm eating 3-4 times a day, this started 2-3 days ago.' Denies prior history. Patient, age 48, has made multiple medical visits, would not answer when asked to list reasons for medical visits. Therefore, chart review summarized below:

March: 30: flu like symptoms since last week, headaches, nausea / vomiting at times. Scheduled to see MLP
 April: 3: HA x 6 weeks (posterior to forehead, left temple, more at nighttime), dizziness (when moving head side to side), sensitivity to light, stressors include legal work and mother (deceased in Feb 2016 from brain tumor, age 74). Vital signs stable. Cranial nerves intact. Placed on meclizine and advised to keep headache diary, started on Effexor (changed from Cymbalta).

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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/09/2017 11:40	Provider: Savant, Theresa FNP Unit: V02

10: headache and vomiting for 48 hours. Scheduled for MLP.

11: abdominal pain and vomiting x 3 days, reports not being able to keep foods and liquids down, denies diarrhea, vital signs to date are stable, body temperature was retaken this am and was 98.4, reports Effexor was non-therapeutic however, states Meclizine did help the dizziness, inmate reports only taking the medications for 2 days, denies vision changes at this time.

12: request sick call for headache and N/V x 15 day. Scheduled, seen same day: Provider referred inmate to CD for c/o non-resolving headaches, upon completion of MD's consultation with the inmate, CD recommended the following POC, -Cafergot 1 mg, 2 tabs at sign of attack, then 1 tablet every 1/2 hours if needed, max 6 tabs per attack. No more than 10 tabs a week.
-Reglan 10 mg.

17: pt requesting sick call for continuation of n/v. admits to throwing up 3 times last night. states its a greenish color. has only eaten chicken broth today. denies pain anywhere. denies diarrhea. admits to last bm being 04-10-2017. no distention or pain noted to abdomen at this time. pt states he can eat something and it just sits there and then a few hours later he throws up. Xray and Phenergan ordered.

19: Inmate c/o vomiting X 18days. Also c/o weakness. Denies any other complaints. Scheduled, seen same day: I'm still vomiting and have been for 18 days now." c/o continued vomiting with generalized weakness, (reports started on 4/1/2017), states vomiting is induced by eating and drinking, denies nausea and abdominal pain, reports to this provider that his last bowel movement was 18 days ago, had reported last bowel movement was on 4/10/2017, abdomen 2 views was completed on 4/17/2017 and was negative for acute findings, inmate c/o's of these various symptoms have conflicting dates and times, all vitals are stable, denies additional contributing symptoms. Labs was collected on 4/11/2017 with the following results noted, albumin was 4.6, all electrolytes were noted to be WNL, PE exam was negative for acute findings, provider contacted inmate's housing unit to inquire about inmate's symptoms and if anyone had visibly witnessed the inmate vomiting, it was reported that the inmate was seen vomiting in the past 2 days by another inmate versus staff. Will order a bolus of NS x 1 liter, Urine dipstick, stool for FOB and parasite, Tigan x 3 days PRN, F/U with CD as scheduled, will order drug screen.

**Same date: After receiving verbal orders from MLP for IV fluids, I informed inmate that I would be with him in a min and not to leave medical and he stated he was going to restroom for specimen collection for lab. Attempted to locate inmate X2. Unable to find. Was informed by other inmates he had left health services and went back to his housing unit.

20: Per CD: Nausea and vomiting past 15 days not accompanied with headaches.. Last time did well with reglan. PHQ-9 score of 17(moderate).

Exam Comments

26: Inmate is moaning and groaning, does reply to painful and olfactory stimuli. Medical emergency was called in Food Service, inmate was food passed out, responding to sternal rub only, non-verbal and not responding to verbal commands, transported per medical cart to Health Services- 96.9, P-74, R. 18, B/P-155/92, CBS-118, 02 saturation-100% on RA, pupils- PERRLA and EOM intact, lung CTA, abdomen is soft, non-tender, no evidence of incontinence of bowel or bladder, no visible bruises, lacerations, abrasion or impaired skin integrity assessed related to s/p fall, generalized weakness to upper and lower extremities, eyes remain closed, will transfer to local ER for further evaluation and treatment. Transfer to ER per ambulance, staff RN,HSA, and operations notified, transfer in progress, apply 02 @ 2liters, start IV with NS @ KVO.

**Same date: Inmate return from emergency medical trip. Diagnosis of constipation. Inmate reports feeling better. Follow up appointment will be scheduled.

27: Reports to Health Services after returning from a medical trip to the ER on 4/26/2017, Dx: Constipation per ER exam, AAO x 3, NAD, b/p upon return was 137/96, additional vital signs were stable, Magnesium Citrate given in ER, however, inmate reports have only very small BM this am.

May: 1: Inmate presents back to Health Services today, was picked up from the housing unit per nursing staff after experiencing feelings of syncope, a medical emergency was called on this inmate in the dining hall on 4/26/2017, PE per provider revealed no acute findings, was transferred to the local ER and assessed per ER MD, was diagnosed with constipation, given Magnesium Citrate and discharged back to the facility, inmate has been evaluated per in-house

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/09/2017 11:40	Provider: Savant, Theresa FNP Unit: V02

provider x 5 and MD x 1 for various CC such as HA's, vomiting, nausea, abdominal pain, and dizziness, inmate reports no therapeutic benefits from various pharmacologic interventions such as Elavil, Venlafaxine, NSAIDS, and Acetaminophen, thorough physical exams as well as review of recent lab/chemistries were negative for acute findings, inmate has verbalized feelings of fear for his health due to his mother passing away from a brain tumor last year, MD's eval on 4/20/2017 revealed a PHQ-9 of 17, Prozac was offered at this time and declined per inmate, Prozac was again offered per provider on 4/27/2017, provider consulted with MD regarding the recommended POC, will enter emergent psychology consult for further evaluation and treatment, current vitals; T-98.2,P-86, B/P-137/99, R-16, blood glucose-109.

4: Inmate presents to health services during pill line via cart/yard officer with complaints of weakness/feeling "off balance". Inmate ambulatory into medical for assessment/steady gait. States while walking to food service he felt dizziness/weak and off balance. Denies any other complaints. Was prescribed meclizine on 4/20/17. Inmate states he has the medicine but he doesn't think it works. NAD. Respiration even and unlabored. Skin warm and dry. Instructed inmate to return to unit, drink plenty of fluids & to follow up at sick all in the morning.

** Same day; Officer in Vernon unit called to inform me that Inmate De la Cruz is still having complaints of feeling weak and off balance. Also now complaining of nausea. No other complaints reported. No vomiting reported. MLP on call contacted and informed of complaints. Also informed of complaints that inmate made earlier. MLP gave the following orders: Take another Meclizine 25mg po, Drink plenty of fluids, Lay down and rest and sign up for sick call in the morning. Inmate informed.

Comments

5: MLP on call notified by duty nurse on 5/4/17 that inmate was complaining of nausea and being "off balanced." Advised inmate had a prescription for Meclizine 25 mg once daily. MLP had duty nurse review chart and inmate was recently evaluated 4/26/17 for syncope at OCH's ER. MLP on call advised for inmate to take another Meclizine 25 mg po x one dose and follow-up with duty MLP in the morning.

** Same day: Inmate continues to complain about dizziness and being unbalanced. Ambulating slowly, responds correctly to all verbal stimuli, skin warm and dry, color good, lungs clear, and ears clear and WNL as stated by the MLP after ear exam. Weight loss of 10# within two weeks noted. Inmate is on Meclizine for complaints of dizziness. Verbal orders received from the duty MLP to increase Meclizine 25 mg. to three times a day and issue, issue a lower bunk status for two weeks, and a walker for two weeks. Follow up with the MLP in two weeks. Plan of care explained. Verbalized understanding. 5/4/17

Today/ 5-9-17: patient with history nausea (states no vomiting x 3 days), constipation (states no BM since 4-26-17), dizziness ('not too bad like before'), headache ('not much'). New concern is weakness in lower arms and legs. Using walker, states wobbly even with walker. Patient presented to medical being escorted by 2 fellow inmates. Patient then spoke with psychology, patient denies knowledge of change in plan of care. Patient also had abdominal xray, diagnosis of constipation.

Assessment: patient able to walk slowly with encouragement, seated in chair with legs crossed, very hypoactive bowel sounds. To follow with CD for next step in plan of care.

ASSESSMENT:

Other disorder of muscle, ligament, and fascia, 729.89 - Current - *states weakness to lower arms/legs*

Constipation, unspecified, K5900 - Current

Dizziness and giddiness, R42 - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
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RAPIDES REGIONAL MEDICAL CENTER (COCRA)
 Neurosurgical Progress Note
 REPORT#: 0510-0064 REPORT STATUS: Signed
 DATE: 05/10/17 TIME: 0741

PATIENT: DE LA CRUZ, JIMINEZ
 ACCOUNT#: E00052528471
 DOB: 04/10/69 AGE: 48 SEX: M
 ADM DT: 05/09/17
 David PA
 REP SRV DT: 05/10/17
 * ALL edits or amendments must be made on the electronic/computer document *

UNIT #: E001097787
 ROOM/BED: E.5401-A
 ATTEND: Dowd, Gregory C MD
 AUTHOR: Sontag, Michael

REP SRV TM: 0741

Subjective

Patient reports

Yes: headache.

Comments:

Patient reports two week history of headaches. He states within the last week he has noted more difficulty walking. He states his gait feels "off" and he is unsteady on his feet. He denies fall or accident. He also more recently noted nausea and vomiting, occasional forgetfulness.

Objective

General

VS/I&O:

Vital Signs

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
05/09-05/10	36.6	71-105	16-18	133-157/67-97	98-99	

24 hour I&O ending at 0700:

	05/10 0700	05/09 1900
Intake Total		
Output Total		
Balance		
Patient Weight	67.7 kg	

Physical Exam

General appearance: alert, awake, oriented, pleasant, conversant, mental status normal
 Neuro/CNS: alert, oriented X 3, normal speech, no motor deficits, no sensory deficits

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Cerebellar mass

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6/21/2017 9:18:674AM PAGE 10/017 Fax Server

Patient: DE LA CRUZ, JIMINEZ
Unit#: E001097787
Date: 05/10/17
Acct#: E00052528471

Free Text A&P:

Patient awake, alert.

Speaks clearly.

Moves all extremities. No focal deficit.

CT head shows large left cerebellar cystic mass with some compression of ventricle.

MRI brain pending for today.

Discussed treatment options with patient pending MRI results. He will likely require some type of mass excision with biopsy soon.

Electronically Signed by Sontag, Michael David PA on 05/10/17 at 0744

Electronically Signed by Dowd, Gregory C MD on 05/14/17 at 0729

RPT #: 0510-0064

END OF REPORT

Page 2 of 2

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**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/10/2017 06:18	Facility:	OAK
		Unit:	V02
		Provider:	Catoire, R. RN

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Catoire, R. RN

Patient admitted to RRMC with brain mass, to have MRI this morning and see Neurosurgeon later today.
Patient stable at this time.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Catoire, R. RN on 05/10/2017 06:20

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

49 - A

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/10/2017 15:46	Facility:	OAK
		Unit:	V02
		Provider:	Perkins, Elizabeth RN

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Perkins, Elizabeth RN

Report received from Rapides Hospital regarding inmate De La Cruz-Jimenez #56269-004.
MRI revealed Hemangioblastoma. Awaiting CT of ABD and chest. Reported to HSA

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Perkins, Elizabeth RN on 05/10/2017 15:49

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

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**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/10/2017 06:18	Provider:	Catoire, R. RN
		Facility:	OAK
		Unit:	V02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Catoire, R. RN

Patient admitted to RRMCC with brain mass, to have MRI this morning and see Neurosurgeon later today.
Patient stable at this time.

Copay Required: No Cosign Required: Yes
Telephone/Verbal Order: No

Completed by Catoire, R. RN on 05/10/2017 06:20
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/10/2017 15:46	Provider:	Perkins, Elizabeth RN
		Facility:	OAK
		Unit:	V02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Perkins, Elizabeth RN

Report received from Rapides Hospital regarding inmate De La Cruz-Jimenez #56269-004.
MRI revealed Hemangioblastoma. Awaiting CT of ABD and chest. Reported to HSA

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Perkins, Elizabeth RN on 05/10/2017 15:49
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

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5/19/2017 3:57:47 PM PAGE 13/016 Fax Server

56269-104
FCC-OAK

RAPIDES GENERAL HOSPITAL
Radiology Department
211 4th St
Alexandria, LA 71301
PHONE #: (318)769-3160
FAX #: (318)769-3685

Name: DE LA CRUZ, JIMINEZ
Phys: Edwards, G D III MD
DOB: 04/10/1969 Age: 48 Sex: M
Acct: E00052528471 Loc: E.633 A
Exam Date: 05/10/2017 Status: ADM IN
Radiology No:
Unit No: E001097787

EXAMS:

002643906 MRI BRAIN W WO

EXAM: MRI brain

HISTORY: Left cerebellar brain mass

COMPARISON: No comparison

FINDINGS: Exam confirms a thin-walled cystic mass within the left cerebellum. The mass measures 3.7 x 3.7 x 3.5 cm. At the base of the mass there is an enhancing solid nodule that measures 17 mm length.

There is prominent mass effect from this left cerebellar lesion displacing and compressing the fourth ventricle and brainstem.

The lateral and third ventricles are enlarged. There is evidence of some minimal resorption of CSF. Cerebral hemispheres otherwise are unremarkable.

Diffusion images of the brain are unremarkable.

IMPRESSION: Left cerebellar mass has appearance most consistent with hemangioblastoma.

** Electronically Signed by M.D. Paul C. Larson **
** on 05/10/2017 at 1314 **
Reported and signed by: Paul C. Larson, M.D.

CC: G D Edwards III MD

Dictated Date/Time: 05/10/2017 (1303)
Technologist: BAM

Transcribed Date/Time: 05/10/2017 (1303)
Transcriptionist: RAD.VR
Electronic Signature Date/Time: 05/10/2017 (1314)
Orig Print D/T: S: 05/10/2017 (1319)

BATCH NO: N/A

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PAGE 1

Signed Report

Patient: DE LA CRUZ, JIMINEZ

MRN: E001097787 Encounter: E00052528471

Page 1 of 1

RAPIDES REGIONAL MEDICAL CENTER (COCRA)
Neurosurgical Progress Note
REPORT#: 0511-0609 REPORT STATUS: Signed
DATE: 05/11/17 TIME: 1737

PATIENT: DE LA CRUZ, JIMINEZ UNIT #: E001097787
ACCOUNT#: E00052528471 ROOM/BED: E.633-A
DOB: 04/10/69 AGE: 48 SEX: M ATTEND: Dowd, Gregory C MD
ADM DT: 05/09/17 AUTHOR: Dowd, Gregory C MD
REP SRV DT: 05/11/17 REP SRV TM: 1737
* ALL edits or amendments must be made on the electronic/computer document *

Objective

Physical Exam

General appearance: alert

Neuro/CNS: alert, oriented X 3, normal speech, no motor deficits, no sensory deficits

Diagnosis, Assessment & Plan

Problem List/A&P:

1. Cerebellar mass

Free Text A&P:

Patient awake, alert.

Speaks clearly.

English second language but he states clear understanding

Moves all extremities. No focal deficit.

MRI- left cerebellar cystic tumor

Discussed treatment options with patient. I have offered surgery

Electronically Signed by Dowd, Gregory C MD on 05/11/17 at 1738

RPT #: 0511-0609

END OF REPORT

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/11/2017 09:49	Facility:	OAK
		Unit:	V02
		Provider:	Ducote, Kerstin RN

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Ducote, Kerstin RN

Spoke with nurse at RPMC. Had MRI yesterday with possible diagnosis of Hemangioblastoma. CT of chest and abdomen completed with negative findings. Awaiting Neurosurgeon to round for a more definitive plan of care. No discharge plans.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Ducote, Kerstin RN on 05/11/2017 09:53
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.
Requested to be reviewed by Thomas, Mary FNP-C.
Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/11/2017 09:49	Provider:	Ducote, Kerstin RN
		Facility:	OAK
		Unit:	V02

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Ducote, Kerstin RN

Spoke with nurse at RRMCC. Had MRI yesterday with possible diagnosis of Hemangioblastoma. CT of chest and abdomen completed with negative findings. Awaiting Neurosurgeon to round for a more definitive plan of care. No discharge plans.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Ducote, Kerstin RN on 05/11/2017 09:53

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Thomas, Mary FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/12/2017 11:09	Facility:	OAK
		Unit:	V02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Report states patient seen by neuro yesterday after MRI. Patient in surgery today to remove brain mass and drain cyst. Patient to go to ICU from surgery.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Catoire, R. RN on 05/12/2017 11:11
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

56269-004
FCI I-OAK

RAPIDES REGIONAL MEDICAL CENTER (COCRA)
Post Anesthesia Evaluation
REPORT#: 0512-0513 REPORT STATUS: Signed
DATE: 05/12/17 TIME: 1615

PATIENT: DE LA CRUZ, JIMINEZ UNIT #: E001097787
ACCOUNT#: E00052528471 ROOM/BED: E.5401-A
DOB: 04/10/69 AGE: 48 SEX: M ATTEND: Dowd, Gregory C MD
ADM DT: 05/09/17 AUTHOR: Dubroc, Mistie
CRNA
REP SRV DT: 05/12/17 REP SRV TM: 1615
* ALL edits or amendments must be made on the electronic/computer document *

Post Anesthesia Evaluation

Anes. changes from pre-op eval

ORM Surgeries:

Surgery Date and Time:	05/12/2017 1300
Proposed Primary Procedure:	POSTERIOR CRANIOTOMY FOR TUMOR REMOVAL

Anesthetic: GETA

Level of consciousness: patient awake

Vital signs:

Last Documented:

	Result	Date Time
Pulse Ox	100	05/12 1600
B/P	147/98	05/12 1600
O2 Delivery	Nasal cannula	05/12 1600
O2 Flow Rate	2	05/12 1600
Pulse	68	05/12 1600
Resp	14	05/12 1600
Temp	36.4	05/12 1457

Respiratory/Airway: respiratory system stable

Pain: adequately controlled

Hydration: adequate

Presence of N/V: no

Anesthesia complications: no

Electronically Signed by Dubroc, Mistie CRNA on 05/12/17 at 1616
Electronically Signed by Letsinger, Darrin B MD on 05/17/17 at 1306

RPT #: 0512-0513

END OF REPORT

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/12/2017 11:09	Provider:	Catoire, R. RN
		Facility:	OAK
		Unit:	V02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Report states patient seen by neuro yesterday after MRI. Patient in surgery today to remove brain mass and drain cyst. Patient to go to ICU from surgery.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Catoire, R. RN on 05/12/2017 11:11

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/13/2017 08:58	Provider:	Catoire, R. RN
		Facility:	OAK
		Unit:	V02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Report states patient stable in bed 17 of surgical ICU. Neurology has no rounded on patient this morning. Nurse states that neurology to see patient later today and possibly send patient back to the floor if he remains stable.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Catoire, R. RN on 05/13/2017 09:00
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/14/2017 15:38	Facility:	OAK
		Unit:	V02
		Provider:	Bradford, Patricia RN

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Bradford, Patricia RN

Inmate was moved out of SICU to South Tower Room #5401. MD has initiated discharge planning. Inmate will have to see an oncologist after d/c. He has been up walking with PT and his gait is steady. He is eating and tolerating it well. He was given Mag citrate for constipation. He receives IV Toradol for pain.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Bradford, Patricia RN on 05/14/2017 15:42

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/15/2017 20:14	Provider:	Perkins, Elizabeth RN
		Facility:	OAK
		Unit:	Z02

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Perkins, Elizabeth RN

Inmate De La Cruz #56269-004 returned from outside hospital post left cerebellar tumor excision.. Pre-procedure brain mass. Findings: Path-malignant tumor. Vertical incision approx.. 5 inches from occipital to cervical area. Staples are in place, dry and intact. Denies pain. Oriented X3. Smiles and responsive to questions. Ambulated to SHU . Hospital discharge instructions are to return to Dr. Dowd Wed. May 31, @ 1:30 PM for f/u.

discharge RX.:

Atorvastatin 40mg q am

Meclizine 25mg q am

Metoclopramide 10mg q am

Discharge instructions called to on call MLP. To be f/u tomorrow in SHU.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Alexandre, Joel MD/CD

Telephone or Verbal order read back and verified.

Completed by Perkins, Elizabeth RN on 05/15/2017 20:18

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Thomas, Mary FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/15/2017 10:54	Provider:	Bradford, Patricia RN
		Facility:	OAK
		Unit:	V02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Bradford, Patricia RN

Discharged orders have been written for today. Inmate has not had a BM in 4 days. He was given an enema and as soon as he defecates he will be discharged.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Bradford, Patricia RN on 05/15/2017 10:55

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Thomas, Mary FNP-C	Facility: OAK
Encounter Date: 05/16/2017 10:40		Unit: Z02

Mid Level Provider - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Thomas, Mary FNP-C

Chief Complaint: No Complaint(s)

Subjective: "I'm just glad I can eat again."

Inmate is currently housed in SHU after being discharged from the community hospital on 5/15/2017, was admitted on 5/9/2017 with a dx of a brain mass, currently AAO x3, NAD, denies any kind of pain or discomfort at this time, respirations are even and unlabored, vitals stable, MRI w/wo contrast was completed on 5/10/2017, Impression: left cerebellar mass has appearance most consistent with hemangioblasta, operation date: 5/12/2017;
 -Pre-op dx- left cerebellar mass.
 -Post-op dx-left cerebellar mass.

Procedure:

1. Left posterior fossa with excision of cerebellar mass.
2. Intraoperative microdissection.

Discharge Note/Recommendation;

Problem list/A&P:

1. Cerebellar mass.
2. A&P: Patient A&A, speaks clearly, motor intact, dressings C/D/I, ok to discharge today, F/U with MD in 2 weeks.
3. Activity: Light duty, no bending, lifting, twisting, non-strenuous, ok to shower, no lifting over 10 lbs.
4. Pt condition on discharge: improved, stable.
5. Prescriptions: None, avoid aspirin and NSAIDS.
6. F/U in 2 weeks with Dr. Dowd.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/16/2017	10:40 OAX	97.9	36.6		Thomas, Mary FNP-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/16/2017	10:40 OAX	100			Thomas, Mary FNP-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/16/2017	10:40 OAX	16	Thomas, Mary FNP-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/16/2017 10:40	Provider: Thomas, Mary FNP-C Unit: Z02

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/16/2017	10:40	OAX 148/88				Thomas, Mary FNP-C

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

Skin

General

Yes: Dry, Skin Intact, Warmth

Operative Incision

Yes: Sutures

Head

General

Yes: Atraumatic/Normocephalic

No: Swelling, Ecchymosis, Erythema

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Peripheral Vascular

General

Yes: Within Normal Limits

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft

No: Guarding, Rigidity, Tenderness on Palpation

Gastrointestinal

General

Yes: Within Normal Limits

No: Diarrhea, Vomiting

Genitourinary

General

Yes: Within Normal Limits

Musculoskeletal

Gait

Yes: Guarded Gait

Exam Comments

Approximately 19 sutures are in place to an vertical operative incision to the left occipital scalp, incision is open to air, no bleeding or

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/16/2017 10:40	Provider: Thomas, Mary FNP-C Unit: Z02

drainage noted, no s/s of infection are present at this time.

Ambulatory with shackles in place.

A Report Review was completed of the medical documentation which was returned with the inmate:

Hematology/Oncology Progress note on 5/14/2017 states path report results are pending. Plan: F/U final pathology. Social worker consult to arrange F/U with oncology after discharge.

Operative Procedure Report; Under procedure in detail: the following documentation is noted; Exposure of the cyst cavity demonstrated a high vascular nodule at the inferior aspect. The borders of this were cauterized with bipolar electrocautery, and feeding vessels were both cauterized and divided. This allowed for removal of the nodule in toto, which was sent for pathologic evaluation. Pathologic tissue was consistent with malignant tissue. Further inspection demonstrated no further tumor tissue.

ASSESSMENT:

Other specified postprocedural states, Z9889 - Current - *Will enter consult for F/U per MD's recommendations, update MDS to reflect activity limitations, cont. to monitor for acute s/s.*

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Neurosurgery	05/25/2017	05/25/2017	Urgent	No	

Subtype:

Neurosurgery

Reason for Request:

Inmate is currently housed in SHU after being discharged from the community hospital on 5/15/2017, was admitted on 5/9/2017 with a dx of a brain mass, currently AAO x3, NAD, denies any kind of pain or discomfort at this time, respirations are even and unlabored, vitals stable, MRI w/wo contrast was completed on 5/10/2017, Impression: left cerebellar mass has appearance most consistent with hemangioblasta, operation date: 5/12/2017;

-Pre-op dx- left cerebellar mass.

-Post-op dx-left cerebellar mass.

Procedure:

1. Left posterior fossa with excision of cerebellar mass.

2. Intraoperative microdissection.

Discharge Note/Recommendation;

Problem list/A&P:

1. Cerebellar mass.

2. A&P: Patient A&A, speaks clearly, motor intact, dressings C/D/I, ok to discharge today, F/U with MD in 2 weeks.

3. Activity: Light duty, no bending, lifting, twisting, non-strenuous, ok to shower,

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/16/2017 10:40	Provider: Thomas, Mary FNP-C Unit: Z02

no lifting over 10 lbs.
4. Pt condition on discharge: improved, stable.
5. Prescriptions: None, avoid aspirin and NSAIDS.
6. F/U in 2 weeks with Dr. Dowd.

Provider requesting F/U in 2 weeks per MD's recommendations.

Provisional Diagnosis:

Brain mass, s/p left cerebellar tumor excision, final pathology report is pending.

Disposition:

Follow-up at Sick Call as Needed
Return Immediately if Condition Worsens

Other:

-Provider discussed current medications with inmate at great length, inmate states he does not want to take any of the currently prescribed medications, meds are still active, will re-assess med compliance in 1 week.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/16/2017	Counseling	Plan of Care	Thomas, Mary	Verbalizes Understanding

Copay Required: No Cosign Required: No
Telephone/Verbal Order: No

Completed by Thomas, Mary FNP-C on 05/17/2017 11:53

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Alexandre, Joel MD/CD	Facility: OAK
Encounter Date: 05/24/2017 11:12		Unit: Z02

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Alexandre, Joel MD/CD

Chief Complaint: Other Problem

Subjective: Endocrine/Lipid ; Currently on Lipitor.

Mental Health ; Strong neurovegetative symptomatology. No SI/HI/H's.

Neurology ; Hx of migraine. Recent d/c from hospital due to intracranial tumor surgery.

Pain: Orthopedic/Rheumatology ; Denies LBP. "I am fine now, I don't know for later".
Not Applicable

COMPLAINT 2 **Provider:** Alexandre, Joel MD/CD

Chief Complaint: Other Problem

Subjective: Physical exam:

Vitals Signs previewed.

General: Well nourished, well developed, In No acute distress.

Eyes: Normal conjunctivae, Normal lids. PERRLA. EOMI, sclera clear.

Oral cavity: moist. No lesions. No thrush.

Neck: Left parasagittal Vertical scar of recent surgery in the nuchal area noted.
No ant/post cervical adenopathy. No supraclavicular or epitrochlear nodes.
No thyromegaly or nodules. No infraclavicular nodes.

Lungs: Thorax normal. Normal respiratory effort. Clear to auscultation bilaterally.

Pain: Skin: Dry, intact and warm. No rashes or lesions.
Not Applicable

Seen for clinic(s): Endocrine/Lipid, Mental Health, Neurology, Orthopedic/Rheumatology

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/16/2017	10:40 OAX	97.9	36.6		Thomas, Mary FNP-C
05/15/2017	20:06 OAX	97.1	36.2	Oral	Perkins, Elizabeth RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/16/2017	10:40 OAX	100			Thomas, Mary FNP-C

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL Reg #: 56269-004
 Date of Birth: 04/10/1969 Sex: M Race: WHITE Facility: OAK
 Encounter Date: 05/24/2017 11:12 Provider: Alexandre, Joel MD/CD Unit: Z02

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/15/2017	20:06 OAX	110	Radial	Regular	Perkins, Elizabeth RN

Respirations:

Date	Time	Rate Per Minute	Provider
05/16/2017	10:40 OAX	16	Thomas, Mary FNP-C
05/15/2017	20:06 OAX	20	Perkins, Elizabeth RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/16/2017	10:40 OAX	148/88				Thomas, Mary FNP-C
05/15/2017	20:06 OAX	138/91	Left Arm	Sitting	Adult-regular	Perkins, Elizabeth RN

SaO2:

Date	Time	Value(%)	Air	Provider
05/15/2017	20:06 OAX	98	Room Air	Perkins, Elizabeth RN

ASSESSMENT:

Hyperlipidemia, mixed, 272.2 - Current
 Other and unspecified hyperlipidemia, 272.4 - Current

PLAN:

Renew Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
203697-OAX	Atorvastatin 40 MG TAB	05/24/2017 11:12	Take one tablet (40 MG) by mouth each day at bedtime for control of cholesterol x 365 day(s)
	Indication: Hyperlipidemia, mixed		
201410-OAX	Venlafaxine ER/XR 24 Hour Cap 37.5 MG	05/24/2017 11:12	Take one capsule (37.5 MG) by mouth each day for migraine prophylaxis x 180 day(s) Pill Line Only
	Indication: Major depressive disorder, single episode, Migraine		

Disposition:

Follow-up at Sick Call as Needed
 Follow-up in 6 Months

Other:

Fu MLP in 3 months

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
05/24/2017	Counseling	Access to Care	Alexandre, Joel	Verbalizes Understanding

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/26/2017 21:04	Provider:	Dowdy, Keri RN
		Facility:	OAK
		Unit:	Z02

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Dowdy, Keri RN

Need to add order to NMOS for Monitoring inmate over weekend Q shift per Ms. Thomas.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Therapy	BID	3 days	Monitor over weekend Q shift.	Dowdy, Keri RN

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Dowdy, Keri RN on 05/26/2017 21:09

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Thomas, Mary FNP-C.

Review documentation will be displayed on the following page.

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**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/26/2017 20:01	Provider: Dowdy, Keri RN Unit: Z02

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Dowdy, Keri RN

Chief Complaint: GENERAL

Subjective: "My head where I had surgery has been draining and I have ringing in my right ear."

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/26/2017	20:03 OAX	98.7	37.1		Dowdy, Keri RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/26/2017	20:03 OAX	97			Dowdy, Keri RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/26/2017	20:03 OAX	16	Dowdy, Keri RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/26/2017	20:03 OAX	128/77				Dowdy, Keri RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/26/2017	20:03 OAX	96	Room Air	Dowdy, Keri RN

Exam:

General

Affect

Yes: Cooperative, Flat

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact, Warmth

Operative Incision

Yes: Approximated, Within Normal Limits

No: Scant drainage, Small drainage, Moderate drainage, Large drainage

Head

General

Yes: Symmetry of Motor Function

No: Swelling

Eyes

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Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Encounter Date:	05/26/2017 20:01	Provider:	Dowdy, Keri RN
		Facility:	OAK
		Unit:	Z02

Exam:

General

Yes: PERRLA

Ears

Canal

Yes: Within Normal Limits

No: Draining

Nose

General

Yes: Nares Patent

No: Clear Discharge

Face

General

Yes: Symmetric

Lips

General

Yes: Within Normal Limits

Mouth

General

Yes: Within Normal Limits

Neck

General

Yes: Within Normal Limits, Trachea Midline

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Observation

Yes: Within Normal Limits

Peripheral Vascular

General

Yes: Within Normal Limits

Neurologic

Motor System-Tone

Yes: Within Normal Limits

Motor System-Strength

Yes: Normal Muscular Strength

Grip Strength C7/C8/T1

Yes: 5-Normal Muscle Strength

Strength-Foot Dorsiflexion L4/L5

Yes: 5-Normal Muscle Strength

Strength-Foot Plantar Flexion S1

Yes: 5-Normal Muscle Strength

Coordination

Yes: Within Normal Limits

Coordination - Gait

Yes: Normal Gait

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Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 05/26/2017 20:01	Provider: Dowdy, Keri RN Unit: Z02

Exam:

Coordination - Stance

Yes: Normal Stance, Steady

Glasgow Coma Scale

Yes: GCS 15

Level of Consciousness

Yes: Alert and Oriented x 3

ASSESSMENT:

Other

Inmate ambulatory with steady gait to medical room in SHU for assessment for c/o clear drainage of operative site to left occipital region/neck.(surgery approx. 2 weeks ago). Accompanied by officer. States only drains during the night when he lies down to go to bed. Inmate also c/o that he feels like his operative site and top of head are swelling. States he is also experiencing floaters in left eye and ringing in right ear. Denies any other symptoms.

No drainage noted from operative site, nose or ears on assessment. Gauze applied to operative site and patted for testing. Inmate denies any pain. Operative site well approximated without signs of infection or drainage. Scar tissue appears to be forming on sides of incision. No swelling noted to head/site at this time. Inmate A&OX3. PERRLA. Speech is clear. Bilateral facial symmetry. Equal strength to bilateral upper and lower extremities. No tremors noted. No other Neuro deficits noted. Inmate appears to be slightly anxious/worried about his condition/outcome and this is evident by his statement that he is afraid to go to sleep on his left side and its not d/t pain. NAD at this time. Respirations even and unlabored. Skin p/w/d.

MLP on call notified and states to monitor over weekend Q shift.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/26/2017	Counseling	Access to Care	Dowdy, Keri	Verbalizes Understanding
05/26/2017	Counseling	Hand & Respiratory Hygiene	Dowdy, Keri	Verbalizes Understanding
05/26/2017	Counseling	Infection Prevention	Dowdy, Keri	Verbalizes Understanding
05/26/2017	Counseling	Safety/Injury Prevention	Dowdy, Keri	Verbalizes Understanding
05/26/2017	Counseling	Wound Care	Dowdy, Keri	Verbalizes Understanding

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	05/31/2017 14:45	Facility:	OAK
		Unit:	Z02

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Report from office states that patient has CFS leak and is to be direct admitted to floor at RRMC and to have repair tomorrow.

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: No

Completed by Catoire, R. RN on 05/31/2017 14:46
Requested to be cosigned by Alexandre, Joel MD/CD.
Cosign documentation will be displayed on the following page.

RAPIDES REGIONAL MEDICAL CENTER
211 4TH STREET
ALEXANDRIA, LA 71301

0601-0031

HISTORY AND PHYSICAL REPORT

PATIENT: DE LA CRUZ JIMINEZ, RAFAEL	ACCOUNT NUMBER: E00052679848
MEDICAL RECORD #: E001097787	ROOM NUMBER: E.734
PHYSICIAN: Gregory C Dowd, MD	DOB: 04/10/69
DATE OF ADMIT: 05/31/17	SEX: M AGE: 48
DATE OF DC:	STATUS: ADM IN
ATTENDING MD: Dowd, Gregory C MD	

ADMISSION DATE: 05/31/2017

INDICATION: CSF fistula.

HISTORY OF PRESENT ILLNESS: Forty-eight-year-old gentleman who has undergone craniotomy for brain tumor excision. He has largely done well. However, approximately 1 week ago, he noted drainage of clear fluid from his occipital incision.

PAST MEDICAL HISTORY: Significant for craniotomy for brain tumor excision.

SOCIAL HISTORY: The patient is an inmate. He does have children.

PHYSICAL EXAMINATION: Awake, alert, and interactive. Moves all extremities to strength. Speech is clear. Pupils are reactive. Cranial incision appears benign, no erythema, although there was noted to be clear drainage from the upper aspect. Gait is stable.

IMPRESSION AND PLAN:

1. Status post craniotomy for brain tumor excision. He is neurologically doing well.
2. Cerebrospinal fluid fistula. The natural history, options, and questions covered. In my estimation, this will not stop short of surgical repair, and there is risk of infection should leakage persists.

As such, he will be admitted to the hospital for planned revision surgery.

Dictated By: Gregory C Dowd MD

WT: HP:E.MR/DOWGR/NTS
DD: 06/01/2017 16:06:09
DT: 06/01/2017 16:18:56
Conf#: 1915248/DID#: 2830279
Authenticated by Gregory C Dowd MD On 06/03/2017 10:13:37 AM

Electronically Signed by Gregory C Dowd, MD on 06/03/17 at 1013

PATIENT NAME: DE LA CRUZ JIMINEZ, RAFAEL ACCOUNT #: E00052679848

RAPIDES REGIONAL MEDICAL CENTER
211 4TH STREET
ALEXANDRIA, LA 71301

0601-0032

OPERATIVE PROCEDURE REPORT

PATIENT: DE LA CRUZ JIMINEZ, RAFAEL	ACCOUNT NUMBER: E00052679848
MEDICAL RECORD #: E001097787	ROOM NUMBER: E.734
PHYSICIAN: Gregory C Dowd, MD	DOB: 04/10/69
DATE OF ADMIT: 05/31/17	SEX: M AGE: 48
DATE OF DC:	STATUS: ADM IN
ATTENDING MD: Dowd, Gregory C MD	

OPERATION DATE: 06/01/2017

PREOPERATIVE DIAGNOSES:

1. Status post recent craniotomy.
2. Cranial cerebrospinal fluid fistula.

POSTOPERATIVE DIAGNOSES:

1. Status post recent craniotomy.
2. Cranial cerebrospinal fluid fistula.

PROCEDURE: Revision suboccipital craniotomy with CSF closure and dural repair.

SURGEON: Gregory C Dowd, MD

ASSISTANT: Michael Sontag, PA-C

ANESTHESIA: General.

INDICATION: Forty-eight-year-old gentleman status post recent suboccipital craniotomy for tumor excision. He developed CSF fistula.

PROCEDURE IN DETAIL: The patient was brought into the operative suite, induced with general anesthesia, and rolled prone onto gel rolls. All pressure points including periorbital area well padded. No pressure points were encountered. Occipitocervical area hair was clipped; scrubbed with alcohol, Hibiclens, and DuraPrep; draped appropriately with blue towels and occlusion Ioban dressing. Area of the previous cranial incision was opened, and all suture material was removed. This allowed for exposure of the craniotomy site, and dura was noted. At the repair site, there were several pinpoint leaks of spinal fluid surrounding the inferior aspect of the opening. These were closed with interrupted 4-0 Nurolon. No further leakage was encountered. Valsalva maneuver demonstrated no leakage of spinal fluid. Irrigation with antibiotic solution. Hemostasis complete. Closure in layers with Vicryl suture and interrupted 2-0 nylon suture at the skin level. Dry dressing was applied. The patient tolerated the procedure well. No complications. Estimated blood loss 50 mL.

Dictated By: Gregory C Dowd MD

WT: OP:E.MR/DOWGR/NTS
DD: 06/01/2017 16:08:11

PATIENT NAME: DE LA CRUZ JIMINEZ, RAFAEL ACCOUNT #: E00052679848

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6/1/2017
03:41 PM

HCA Corporate
Insurance Certification Report - Selected Review - No IQ
CONFIDENTIAL PATIENT INFORMATION

PAGE 1

For Facility: Rapides Regional Medical Center

===== ENCOUNTER / HCM DATA =====

Acct No.: E00052679848 Patient Name: DE LA CRUZ JIMINEZ, RAFAEL Age: 48Y DOB: 4/10/1969
Start Date: 5/31/2017 3:54PM Adm Phys: Dowd, Gregory C MD MD MRN: E001097787
Location: RA-7A SURGICAL Att Phys: Dowd, Gregory C MD MD Fac: Rapides Regi
Room: E.734-A Disch Date: Accommodation: Enc Type: INPATIENT(Inpatient)
Home Addr: FED BUREAU OF PRISONS OAK Sex: M
1507 E WHATLEY Marital Stat: Unknown
OAKDALE, LA
County:
Country: United States of Ame
Zip Code: 71463
Home Phone: 318-335-4070
Work Phone: 000-000-0000 SSN: <Blocked>

Emer Contacts:
Name: FEDERAL BUREAU OF PRISONS Home Tel: 318-335-4070 Work Tel:
Relationship: Other Relati

HCM DRG: Ver: Current Stay: 1 ALOS: GLOS: Outlier:

Admit Complaint: CSF LEAK, POST SURGERY
HCM Diagnosis:
HCM Procedure:
Dx Category:
Admit Review:

===== PAYER(S) =====
FEDERAL BUREAU OF PRISONS OAKDALE Status: P Cert?
Auth No: PENDING/I Insur No: 56269004

===== CURRENT REVIEW =====

Review Date	Care Date	Review Category	Reviewer ID
6/1/2017	6/1/2017		Chenevert, Laura

Severity	Intensity

Reviewer Comments:

---6/1/2017 1536 by Laura Chenevert---
DIRECT ADMIT WITH POSTOP CSF LEAK ON 5/31

ANCEF 1GM VIAL	1 GM	
0.9% SODIUM CHLORID	50 ML Q8H	IV
100 MLS/HR		
0.9% SODIUM CHLORIDE	1,000 ML .Q13H20	IV
75 ML/HR		
HYDROcodone/APAP 7.5/	1 TAB Q6H PRN	PO
LACTATED RINGERS INJE	1,000 ML PACU ON	IV
75 MLS/HR		
BACITRACIN 50,000 UNI	.STK-ME	.ROUT
HYDROmorphine 2MG/ML	.STK-ME	.ROUT
HumaLOG 3ml Vial	see detail PACU AC	SUBQ
LIDOCAINE HCL 2% ABBO	.STK-ME	IV

54269-004



De La Cruze Jimenez, Rafael

48 Y old Male, DOB: 04/10/1969

Account Number: 104421

Oakdale Federal Prison, 1507 East Whatley Dr., Oakdale, LA-71463

Home: 318-335-4070

Guarantor: De La Cruze Jimenez, Rafael Insurance: Integrated Medical Solutions

Appointment Facility: Alexandria Neurosurgical Clinic

05/31/2017

Progress Note: Gregory Dowd, MD

Current Medications

Taking

- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
- Mecizine HCl 25 MG Tablet Chewable 1 tablet as needed Orally Once a day
- Metoclopramide HCl
- Medication List reviewed and reconciled with the patient

Past Medical History

Unremarkable.

Surgical History

Brain Mass Removal -- Dr Dowd 2017

Family History

Non-Contributory

Social History

Tobacco Use:

Tobacco Use/Smoking Status: nonsmoker.

Social History A:

Marital Status: Single, Children: 3.

Drugs/Alcohol:

Drugs: Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C): Did you have a drink containing alcohol in the past year? No, Points: 0.

Allergies

NKDA.

Review of Systems

All Other Systems:

Review of Systems (ROS) All others negative unless documented in HPI.

Head:

Frequent headaches denies. Fainting spells denies.

Ears:

Deafness denies. Earaches or Drainage denies.

Noise in ears admits.

General/Constitutional:

Weakness denies. Fever denies. Sleep disturbance denies.

Ophthalmologic:

Double vision denies. Wear glasses admits.

Floaters in the visual field denies.

ENT:

Hoarse voice denies. Decreased sense of smell denies. Difficulty swallowing denies.

Respiratory:

Home Oxygen Use denies. Exposed to TB denies. Breathing problems denies. Cough denies. Shortness of breath denies.

Cardiovascular:

Bruise easily admits. Chest pain denies. Heart problems denies. Palpitations denies. Swelling in hands/feet denies.

Gastrointestinal:

Change in bowel habits denies. Heartburn denies. Nausea denies.

Reason for Appointment

1. 2 week fu post Sx @ RGH

Assessments

1. Hemangioblastoma of brain - D43.2 (Primary)

#1 cerebellar hemangioblastoma. Status post craniotomy. Status and treatment options reviewed. Would not recommend chemotherapy or radiation at this time. Patient aware this could recur and further treatment may be necessary. Plan repeat imaging in 2 months.

#2 CSF leak. Options reviewed. I am not optimistic this will seal without surgical repair. Pros cons and questions covered. Patient will be admitted for further treatment. Complete review of systems from 5/31/2017 reviewed today.

History of Present Illness

Interim History:

Two week status post surgery. Pain well controlled with analgesics. Incisional discomfort diminishing. Gait has been stable No significant numbness. No new falls or other accidents.

He states that approximately one week after arriving back at present he noted wound drainage. This is clear fluid. It has persisted. More pronounced When he lies down.

Vital Signs

HR 83 /min, BP 101/68 mm Hg, Wt 146 lbs, BMI 23.56 Index, Ht 66 in, Pain scale 4 1-10, Ht-cm 167.64 cm, Wt-kg 66.23 kg.

Examination

Exam:

Patient is awake and interactive. Moves all extremities to commands. Speech is clear. Incision is benign. No erythema. CSF drainage- mid aspect of incision. Tenderness only minimal. Motor examination intact. Sensory examination intact to light touch. Gait is stable without assistive device.

Dowd

Electronically signed by GREGORY DOWD MD, M.D. on 05/31/2017 at 04:52 PM CDT

Sign off status: Completed

Alexandria Neurosurgical Clinic
3704 NORTH BLVD
ALEXANDRIA, LA 71301-3658
Tel: 318-443-4576

Age/Sex: 48 M DE LA CRUZ JIMINEZ, RAFAEL (ADM IN) Page: 1
Unit #: E001097787 E.7A-E.734-A Printed 06/03/17 at 1100
Account#: E00052679848 Dowd, Gregory C MD Period ending 06/03/17 at 1100
Admitted: 05/31/17 at 1554 Rapides Reg Med Ctr Patient Car DISCHARGE INSTRUCTIONS

DISCHARGE INSTRUCTIONS

6269-004

DISCHARGE INSTRUCTIONS

Reason for Hospitalization: CRANIOTOMY

Diagnosis: CRANIOTOMY

DIET

Diet: REGULAR

Fluid Restriction ML p : day: 970

WEIGHT MONITORING

Weight Monitoring: No

Frequency:

ACTIVITY

Activity: Light duty
non-strenuous

Care of: WOUND OR INCISION

Instruction: MAY SHOWER STARTING IN AM

Care Of: DRESSING

Instruction: CHANGE AFTER DRESSING AND AS NEEDED

Care Of:

Instruction:

Care Of:

Instruction:

Prescriptions:

WITH GUARD

Return to Work/School: No

Special Instructions:
(For Work/School)

Other DC Instructions:

4/9/17
Theresa Savant, FNP-C
FCC Oakdale
FCI I/FCI II

Theresa Savant, FNP-C
FCC Oakdale
FCI I/FCI II



PINS

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Age/Sex: 48 M DE LA CRUZ JIMINEZ, RAFAEL (ADM IN) Page: 1
Unit #: E001097787 E.7A-E.734-A Printed 06/03/17 at 1100
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Instruction:

Care Of:

Instruction:

Prescriptions:

WITH GUARD

Return to Work/School: No

Special Instructions:

(For Work/School)

Other DC Instructions:

4/9/17
Theresa Savant, FNP-C
FCC Oakdale
FCI I/FCI II

Theresa Savant, FNP-C
FCC Oakdale
FCI I/FCI II



PINS

Age/Sex: 48 M DE LA CRUZ JIMINEZ, RAFAEL (ADM IN) Page: 2
Unit #: E001097787 E. 7A-E.734-A Printed 06/03/17 at 1100
Account #: E00052679848 Dowd, Gregory C MD Period ending 06/03/17 at 1100
Admitted: 05/31/17 at 1554 Rapides Reg Med Ctr Patient Car DISCHARGE INSTRUCTIONS

DISCHARGE INSTRUCTIONS

DC Instructions for Patient: Per Discharge Physician
NON STRENUOUS ACTIVITY

<><> Outside Referrals <><>

Agency or Facility Name:

Phone Number:

Special Instructions/Contact Person:

Agency or Facility Name:

Phone Number:

Special Instructions/Contact Person:

Indications for Further Treatment: TEMP OVER 101 OVER 24HRS
FOUL SMELLING DRAINAGE
FROM INCISION
INCREASED DIZZINESS
CONFUSION, WEAKNESS

Methods to Obtain Further Treatment: ER, DRS OFFICE

Patient being sent home on pain medication: Y

Pain medication: NORCO 7.5 EVERY 8 AS NEEDED

Last dose of pain medication Date: Time:

Next dose of pain medication available Date: Time:

Some or all Prescriptions were electronically sent to your Pharmacy N

Safe/Effective Med. Use: SEE DRUG MONOGRAPHS



PINS

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4/9/17
Theresa Savant, FNP-C
FCC Oakdale
FCH 1150

Age/Sex: 48 M DE LA CRUZ JIMINEZ, RAFAEL (ADM IN) Page: 3
Unit #: E001097787 E.7A-E.734-A Printed 06/03/17 at 1100
Account #: E00052679848 Dowd, Gregory C MD Period ending 06/03/17 at 1100
Admitted: 05/31/17 at 1554 Rapides Reg Med Ctr Patient Car DISCHARGE INSTRUCTIONS

DISCHARGE INSTRUCTIONS

Drug/Food Interaction: XXXXXXXXXXXXXXXXXXXX

Drug/Drug Interaction: XXXXXXXXXXXXXXXXXXXX

Equipment/Supplies Needed: XXXXXXXXXXXXXXXXXXXX

Discharge Destination: PRISON XXXXXXXXXXXXXXXXXXXX

Dietary supplement twice daily: N/A XXXXXXXXXXXXXXXXXXXX

PT-INR Date: XXXXXXXXXXXXXXXXXXXX

Additional Information: SEE DR. AS ORDERED. TAKE MEDS AS INSTRUCTED.
CALL FOR PROBLEMS, QUESTIONS OR CONCERNS.
NO ASPIRIN OR BLOOD THINNING PRODUCTS.

*** Specific Appointment Time Frame is REQUIRED for ALL Patients ***

Provider referral: DOWD Dowd, Gregory C MD
Provider Service: NEUROSURGERY - NES
Address: 3704 North Boulevard
Phone: (318) 443-4576 Call For Appointment: 2 WEEKS
Reason: XXXXXXXXXXXXXXXXXXXX

Provider referral: XXXXXXXXXXXXXXXXXXXX
Provider Service: XXXXXXXXXXXXXXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXX
Phone: XXXXXXXXXXXXXXXXXXXX Call For Appointment: XXXXXXXXXXXXXXXXXXXX
Reason: XXXXXXXXXXXXXXXXXXXX

** For Heart Failure Patients **

Provider referral: XXXXXXXXXXXXXXXXXXXX
Provider Service: XXXXXXXXXXXXXXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXX
Phone: XXXXXXXXXXXXXXXXXXXX Your Appointment Will Be: XXXXXXXXXXXXXXXXXXXX Appointment Time: XXXXXXXXXXXXXXXXXXXX

*** Heart Failure Patients: It is VERY important you see your provider within the next 7 days for reevaluation ***

Outside provider referral: XXXXXXXXXXXXXXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXX
Phone: XXXXXXXXXXXXXXXXXXXX
Call For Appointment: XXXXXXXXXXXXXXXXXXXX
Reason: XXXXXXXXXXXXXXXXXXXX

Outside provider referral: XXXXXXXXXXXXXXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXX
Phone: XXXXXXXXXXXXXXXXXXXX
Call For Appointment: XXXXXXXXXXXXXXXXXXXX
Reason: XXXXXXXXXXXXXXXXXXXX



PINS

6/9/17
Theresa Savani, FNP-C
FCC Oakdale
FCI/FCI II

Fax Server

6/7/2017 2:04:28 PM PAGE 4/006 Fax Server

RAPIDES REGIONAL MEDICAL CENTER
211 4TH STREET
ALEXANDRIA, LA 71301

0601-0032

OPERATIVE PROCEDURE REPORT

PATIENT: DE LA CRUZ JIMINEZ, RAFAEL	ACCOUNT NUMBER: E00052679848
MEDICAL RECORD #: E001097787	ROOM NUMBER: E.734
PHYSICIAN: Gregory C Dowd, MD	DOB: 04/10/69
DATE OF ADMIT: 05/31/17	SEX: M AGE: 48
DATE OF DC:	STATUS: ADM IN
ATTENDING MD: Dowd, Gregory C MD	

OPERATION DATE: 06/01/2017

PREOPERATIVE DIAGNOSES:

1. Status post recent craniotomy.
2. Cranial cerebrospinal fluid fistula.

POSTOPERATIVE DIAGNOSES:

1. Status post recent craniotomy.
2. Cranial cerebrospinal fluid fistula.

PROCEDURE: Revision suboccipital craniotomy with CSF closure and dural repair.

SURGEON: Gregory C Dowd, MD

ASSISTANT: Michael Sontag, PA-C

ANESTHESIA: General.

INDICATION: Forty-eight-year-old gentleman status post recent suboccipital craniotomy for tumor excision. He developed CSF fistula.

PROCEDURE IN DETAIL: The patient was brought into the operative suite, induced with general anesthesia, and rolled prone onto gel rolls. All pressure points including periorbital area well padded. No pressure points were encountered. Occipitocervical area hair was clipped; scrubbed with alcohol, Hibiclens, and DuraPrep; draped appropriately with blue towels and occlusion Ioban dressing. Area of the previous cranial incision was opened, and all suture material was removed. This allowed for exposure of the craniotomy site, and dura was noted. At the repair site, there were several pinpoint leaks of spinal fluid surrounding the inferior aspect of the opening. These were closed with interrupted 4-0 Neurodon. No further leakage was encountered. Valsalva maneuver demonstrated no leakage of spinal fluid. Irrigation with antibiotic solution. Hemostasis complete. Closure in layers with vicryl suture and interrupted 2-0 nylon suture at the skin level. Dry dressing was applied. The patient tolerated the procedure well. No complications. Estimated blood loss 50 mL.

Dictated By: Gregory C Dowd MD

WT: OP:E.MR/DOWGR/NTS
DD: 06/01/2017 16:08:11

PATIENT NAME: DE LA CRUZ JIMINEZ, RAFAEL ACCOUNT #: E00052679848

6/4/17
Theresa Savant, FNP
FCC Oakdale
FCI/FCI

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RAPIDES REGIONAL MEDICAL CENTER
211 4TH STREET
ALEXANDRIA, LA 71301

0601-0032

OPERATIVE PROCEDURE REPORT

PATIENT: DE LA CRUZ JIMINEZ, RAFAEL	ACCOUNT NUMBER: E00052679848
MEDICAL RECORD #: E001097787	ROOM NUMBER: E.734
PHYSICIAN: Gregory C Dowd, MD	DOB: 04/10/69
DATE OF ADMIT: 05/31/17	SEX: M AGE: 48
DATE OF DC:	STATUS: ADM IN
ATTENDING MD: Dowd, Gregory C MD	

OPERATION DATE: 06/01/2017

PREOPERATIVE DIAGNOSES:

1. Status post recent craniotomy.
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1. Status post recent craniotomy.
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Dictated By: Gregory C Dowd MD

WT: OP:E.MR/DOWGR/NTS
DD: 06/01/2017 16:08:11

PATIENT NAME: DE LA CRUZ JIMINEZ, RAFAEL ACCOUNT #: E00052679848

6/4/17
Theresa Savant, FNP
FCC Oakdale
FCL / FCL

RAPIDES REGIONAL MEDICAL CENTER (COCRA)
Op/Inv Proc Note - Brief
REPORT#:0601-0126 REPORT STATUS: Signed
DATE:06/01/17 TIME: 0825

PATIENT: DE LA CRUZ JIMINEZ, RAFAEL UNIT #: E001097787
ACCOUNT#: E00052679848 ROOM/BED: E.734-A
DOB: 04/10/69 AGE: 48 SEX: M ATTEND: Dowd, Gregory C MD
ADM DT: 05/31/17 AUTHOR: Dowd, Gregory C MD
REP SRV DT: 06/01/17 REP SRV TM: 0825
* ALL edits or amendments must be made on the electronic/computer document *

Op/Inv Proc Note - Brief

Pre-procedure diagnosis:

CSF fistula

Post-procedure diagnosis: same

Procedures performed:

CSF leak repair

Primary Surgeon:

Dowd

Assistant(s): Sontag

Findings:

see note

Complications: none

Estimated blood loss in ml's: 50

Specimens removed/altered: none

Electronically Signed by Dowd, Gregory C MD on 06/01/17 at 0826

RPT #: 0601-0126
END OF REPORT

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	06/03/2017 14:24	Provider:	Catoire, R. RN
		Facility:	OAK
		Unit:	Z02

Admin Note - Scheduling Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Patient returned from outside hospital stay. Patient to have follow up in two weeks for neuro. New medication orders noted, MLP gave verbal order for Tylenol 650mg PO TID PRN x 7 days.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/03/2017	14:25 OAX	98.0	36.7		Catoire, R. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/03/2017	14:25 OAX	76			Catoire, R. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/03/2017	14:25 OAX	18	Catoire, R. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/03/2017	14:25 OAX	105/74				Catoire, R. RN

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Follow-up	06/06/2017 12:00	MLP 01

follow up from hospital stay. Paperwork on MLP desk.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Catoire, R. RN on 06/03/2017 14:27

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Thomas, Mary FNP-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	DE LA CRUZ-JIMENEZ, RAFAEL	Reg #:	56269-004
Date of Birth:	04/10/1969	Sex:	M Race: WHITE
Note Date:	06/03/2017 11:28	Facility:	OAK
		Unit:	Z02
		Provider:	Catoire, R. RN

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Catoire, R. RN

Patient to return to FCI Oakdale today DC orders pending.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Catoire, R. RN on 06/03/2017 11:29

Requested to be cosigned by Alexandre, Joel MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Sex: M	Race: WHITE	Reg #: 56269-004
Date of Birth: 04/10/1969	Provider: Savant, Theresa FNP	Facility: OAK	Unit: Z02
Encounter Date: 06/06/2017 15:28			

Mid Level Provider - Medical Trip Return encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Savant, Theresa FNP

Chief Complaint: NEUROLOGY

Subjective: I had a surgery again.

Pain: Yes

Pain Assessment

Date: 06/09/2017 08:25

Location: Head

Quality of Pain: Aching

Pain Scale: 4

Intervention: rest

Trauma Date/Year:

Injury:

Mechanism:

Onset: 3-4 Weeks

Duration: 1-5 Hours

Exacerbating Factors: certain movement

Relieving Factors: rest

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/03/2017	14:25 OAX	98.0	36.7		Catoire, R. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/03/2017	14:25 OAX	76			Catoire, R. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/03/2017	14:25 OAX	18	Catoire, R. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/03/2017	14:25 OAX	105/74				Catoire, R. RN

ROS Comments

Chart review: Patient history of brain mass (5-9-17) with MRI w/wo contrast was completed on 5/10/2017, Impression: left cerebellar mass has appearance most consistent with hemangioblasta, operation date: 5/12/2017: Left posterior fossa with excision of cerebellar mass. Intraoperative micro-dissection. Discharged 5-15-17, for follow up with neuro, was seen on 5-31-17, diagnosed with cerebrospinal fluid (CSF) leak and readmitted to hospital, had revision of suboccipital craniotomy with CSF closure and dural repair on same day, discharged on 6-3-17, seen on 6-6-17.

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**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DE LA CRUZ-JIMENEZ, RAFAEL	Reg #: 56269-004
Date of Birth: 04/10/1969	Sex: M Race: WHITE Facility: OAK
Encounter Date: 08/31/2017 10:02	Provider: Nwafor, Shamekia OD Unit: V02

Optometry - Optometry Exam encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Nwafor, Shamekia OD

Chief Complaint: Eyes/Vision Problems

Subjective: DFE.

Recent Brain surgery(2) for Hemangioblastoma OS side. X 3months ago.

Pain: Inmate reports spots that move OS. NO diplopia, no eye pain.
No

Vision Screen on 08/31/2017 10:05

Blindness:

Distance Vision: OD: 20/80 OS: 20/80 OU: 20/80

Near Vision: OD: OS: OU:

With Corrective

Distance Vision: OD: OS OU:

Near Vision: OD: OS: OU:

Present Glasses - Distance

Refraction - Distance

Sphere	Cylinder	Axis	Add	Sphere	Cylinder	Axis	Add
R:				R: -1.00	-0.75	91	+1.5
L:				L: -0.25	-0.75	105	+1.5

Color Test:

Tonometry: L: 14 R: 14

Comments: Inmate request distance vision only glasses. Will take off to read.

OBJECTIVE:

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Slit Lamp

Yes: Normal Exam

Periorbital/Orbital/Lids

Yes: Normal Appearing

Conjunctiva and Sclera

Yes: Within Normal Limits

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BP-A148.055

INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

From: *C. Austin, HSS*

TO: (Name and Title of Staff Member) Mary Thomas, P.A. (Medical)	DATE: August 29, 2017
FROM: Rafael Daniel De La Cruz Jimenez	REGISTER NO.: 56269-004, V-1
WORK ASSIGNMENT: CCS A.M.	UNIT: Vernon-1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

I'm writing to help assure that we are on the same page regarding all the issues I presented to you at my last consult on August 21, 2017 at 1:00 P.M. 1. The involuntary shaking of my left arm sporadically when I hold the telephone up and also the involuntary bouncing of my left leg when I fold it over my right leg. This too is sporadic. 2. The Two dots that are on my left eyes. 3. My having to stop the migraine medicine because it was causing severe bloating in my stomach. 4. The next follow up day regarding my brain tumor surgery.

Thank you again for your time and assistance.

Rafael Daniel De La Cruz Jimenez
56269-004

(Do not write below this line)

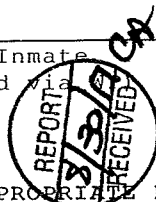
DISPOSITION:

Document scanned into your electronic file.

Signature Staff Member <i>C. Austin, HSS</i>	Date 8/30/17
---	-----------------

Record Copy - File; Copy - Inmate
(This form may be replicated via)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

EXHIBIT K

PROGRAM STATEMENT 6013.01

P.S. 6013-01

Health Services Quality Improvement

EXHIBIT K

Federal Bureau of Prisons

Health Care Rights and Responsibilities

While in the custody of the Federal Bureau of Prisons you have the right to receive health care in a manner that recognizes your basic human rights, and you also accept the responsibility to cooperate with your health care plans and respect the basic human rights of your health care providers.

Your Health Care Rights: Your Responsibilities:

28 ✓ 1. You have the **right to access** health care services based on the local procedures at your institution. Health services include medical, dental and all support services. If inmate co-pay system exists in your institution, Health Services cannot be denied due to lack (verified) of personal funds to pay for your care.

2. You have the right to know the name and professional status of your health care providers and to be treated with respect, consideration and

dignity.

3. You have the right to address any concern regarding your health care to any member of the institution staff including the physician, the Health Services Administrator, members of your Unit Team,

the Associate Warden and the Warden.

1. You have the responsibility to comply with the health care policies of your institution, and follow recommended treatment plans established for you, by health care providers. **You have the responsibility to pay an identified fee for any health care encounter initiated by yourself, excluding emergency care. You will also pay the fee for the care of any**

other inmate on whom you intentionally inflict bodily

harm or injury.

2. You have the responsibility to treat these providers as professionals and follow their instructions to maintain and

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improve your overall health.

3. You have the responsibility to address your concerns in the accepted format, such as the *Inmate Request to Staff Member* form, main line, or the accepted *Inmate Grievance Procedures*.

4. You have the right to provide the Bureau of

Prisons with **Advance Directives or a Living Will** that would provide the Bureau of Prisons with instructions if you are admitted as an inpatient to a hospital.

4. You have the responsibility to provide the Bureau of Prisons with accurate information to complete this agreement.

5. You have the right to be provided with information regarding your diagnosis, treatment and prognosis. **This includes the right to be informed of health care outcomes that differ significantly from the anticipated outcome.**

5. You have the responsibility to keep this information confidential.

6. You have the right to obtain copies of certain releasable portions of your health record.

6. You have the responsibility to be familiar with the current policy and abide by such to obtain these records.

7. You have the right to be examined in privacy. 7. You have the responsibility to comply with security procedures should security be required during your examination.

8. You have the right to participate in health promotion and disease prevention programs, including those providing education regarding infectious diseases.

8. You have the responsibility to maintain your health and not to endanger yourself, or others, by participating in activity that could result in the spreading or catching an infectious disease.

9. You have the right to report complaints of pain to your health care provider, **have your pain assessed**

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and managed in a timely and medically acceptable

manner, be provided information about pain and pain management, as well as information on the limitations and side effects of pain treatments.

10. You have the right to receive prescribed medications and treatments in a timely manner, consistent with the recommendations of the prescribing health care provider.

11. You have the right to be provided healthy and nutritious food. You have the right to instruction regarding a healthy diet.

12. You have the right to request a routine physical examination, as defined by Bureau of Prisons' Policy. (If you are under the age of 50, once every two

years; if over the age of 50, once a year and within one year of your release).

13. You have the right to dental care as defined in Bureau of Prisons' Policy to include preventative services, emergency care and routine care.

9. You have the responsibility to communicate with your health care provider honestly regarding your

pain and your concerns about your pain. You also have

the responsibility to adhere to the prescribed treatment plan and medical restrictions. It is your responsibility to keep your provider informed of both positive and negative changes in your condition to assure timely follow up.

10. You have the responsibility to be honest with your health care provider(s), to comply with prescribed treatments and follow prescription orders. You also have the responsibility not to provide any other person your medication or other prescribed item.

11. You have the responsibility to eat healthy and not abuse or waste food or drink.

12. You have the responsibility to notify medical staff that you

pro

wish to have an examination.

13. You have the responsibility to maintain your oral hygiene and health.

14. You have the right to a safe, clean and healthy environment, including smoke-free living areas.

15. You have the right to refuse medical treatment in accordance with Bureau of Prisons' Policy. Refusal

of certain diagnostic tests for infectious diseases can result in administrative action against you. You have the right to be counseled regarding the possible ill-effects of refusing medical treatment.

14. You have the responsibility to maintain the cleanliness of personal and common areas and safety in consideration of others. You have the responsibility to follow smoking regulations.

15. You have the responsibility to notify health services regarding any ill-effects that occur as a result of your refusal. You also accept the responsibility to sign the treatment refusal form.

prol

EXHIBIT L

PROGRAM STATEMENT 3420.11

5. PERSONAL CONDUCT

Employees are expected to conduct themselves in a manner that contributes to the orderly running of Bureau facilities. Some types of behavior cannot be tolerated in the Bureau:

a. **Alcohol/Illegal Drugs.** The use of illegal drugs or the abuse of any drug, including prescription-controlled substances, is strictly prohibited. Illegal drugs include, but are not limited to:

Marijuana.

Cocaine.

Ecstasy.

Heroin.

Amphetamines ("speed" or "crank").

Lysergic Acid Diethylamide (LSD).

Use of alcoholic beverages or being under the influence of alcohol while on duty or immediately before reporting for duty are prohibited. Employees are subject to disciplinary action if found to possess a .02 or greater blood alcohol content while on duty.

b. **Sexual Relationships/Contact With Inmates.** Employees may not allow themselves to show partiality toward, or become emotionally, physically, sexually, or financially involved with inmates, former inmates, or persons known (or who should have been known based on circumstances) to the employee as a family member or close friend of inmates or former inmates.

Chaplains, psychologists, and psychiatrists may continue a previously established therapeutic relationship with a former inmate in accordance with their codes of professional conduct and responsibility.

Bureau staff may not serve as program volunteers in religious services and educational programs. Under no circumstances are staff volunteers authorized to participate in inmate programs on a regular or occasional basis.

An employee may not engage in, or allow another person to engage in, sexual behavior with an inmate. There is never any such thing as *consensual* sex between staff and inmates.

Title 18, U.S. Code Chapter 109A provides penalties of up to life imprisonment for sexual abuse of inmates where the force is used or threatened. *Sexual contact* is defined as the intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse,

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humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.

Penetration is not required to support a conviction for sexual contact. All allegations of sexual abuse will be thoroughly investigated and, when appropriate, referred to authorities for prosecution.

Employees are subject to administrative action, up to and including removal, for any inappropriate contact, sexual behavior, or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to sanctions for misconduct of a sexual nature.

c. **Additional Conduct Issues.** An employee may not offer or give to an inmate or a former inmate or any member of his/her family, or to any person known to be associated with an inmate or former inmate, any article, favor, or service that is not authorized in the performance of the employee's duties.

Neither shall an employee accept any gift, personal service, or favor from an inmate or former inmate, or from anyone known to be associated with or related to an inmate or former inmate. This prohibition includes becoming involved with families or associates of inmates.

An employee may not show favoritism or give preferential treatment to one inmate, or a group of inmates, over another.

Consistent with policies and regulations:

#31 ✓ An employee may not use brutality, physical violence, or intimidation toward inmates, or use any force beyond what is reasonably necessary to subdue an inmate.

✘ An employee may not use physical violence, threats, or intimidation toward any person visiting a Bureau work site or toward fellow employees.

#32 ✓ In their official capacity, employees may not use profane, obscene, or abusive language when communicating with inmates, fellow employees, or others. Employees shall conduct themselves in a manner that will not be demeaning to inmates, fellow employees, or others. The above requirements also apply to situations where there is a nexus between the employee's conduct and his/her position.

An employee who becomes involved in circumstances as described in this section, Section 9 (or any situation that might give the appearance of improper involvement with inmates or former inmates or their families, including employees whose relatives are inmates or former inmates) must report the contact in writing to the CEO as soon as practicable. (This includes, but is not limited to, telephone calls or written communications with such persons outside the normal scope

pro

of employment.) The employee will then be instructed as to the appropriate course of action.

Exempted program officials must obtain prior approval to communicate with former inmates, their family members, or associates. **All communications must occur from an institution setting.**

Employees must avoid situations that give rise to a conflict of interest or the appearance of a conflict of interest (see Section 2, Definitions).

Employees shall not participate in conduct that would lead a reasonable person to question their impartiality.

E X H I B I T M

MEDICAL REPORT



RTE: ZNOHC SEQ: CEGH

DIANON Systems

A LabCorp Company

Department of Dermatopathology

Surgical Pathology number: DF8830240

12861205

DIAGNOSTIC REPORT

Accession No. 123-A53-0432-0	Chart No.	Sex M	D.O.B. 11/07/1967 50 Yrs	Page 2 of 2
Patient Name KOEHL, RODNEY M				Collected 05/01/18
Requesting Physician KROODSMA, CHRISTOPHER, MD				Received 05/03/18
Referring Physician				Reported 05/05/18

PATHOLOGY CONSULTATION (Continued)

ICD-CM CODES:

(10) L13.6

OTHER SPECIFIED BULLOUS DISORDERS

(10) D48.5

NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN

TEST CODE(S): 88305, 88350(4), 88345

CPT codes, as published by the AMA, are provided for informational purposes only as the assignment of the CPT codes is the responsibility of the billing party.

Honggang Shen, M.D.

PERFORMING LABS

Performed by Laboratory Corporation of America®, 2440 S. Sepulveda Blvd Suite 181, Los Angeles CA 90064, Honggang Shen, M.D., Medical Director, 1-800-352-7788

BP-A148.055

INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

From: *C. Austin, HSS*

TO: (Name and Title of Staff Member) Mary Thomas, P.A. (Medical)	DATE: August 29, 2017
FROM: Rafael Daniel De La Cruz Jimenez	REGISTER NO.: 56269-004, V-1
WORK ASSIGNMENT: CCS A.M.	UNIT: Vernon-1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

I'm writing to help assure that we are on the same page regarding all the issues I presented to you at my last consult on August 21, 2017 at 1:00 P.M. 1. The involuntary shaking of my left arm sporadically when I hold the telephone up and also the involuntary bouncing of my left leg when I fold it over my right leg. This too is sporadic. 2. The Two dots that are on my left eyes. 3. My having to stop the migraine medicine because it was causing severe bloating in my stomach. 4. The next follow up day regarding my brain tumor surgery.

Thank you again for your time and assistance.

Rafael Daniel De La Cruz Jimenez
56269-004

(Do not write below this line)

DISPOSITION:

Document scanned into your electronic file.

Signature Staff Member <i>C. Austin, HSS</i>	Date 8/30/17
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Record Copy - File; Copy - Inmate
(This form may be replicated via

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

BP-A0148
JUNE 10

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

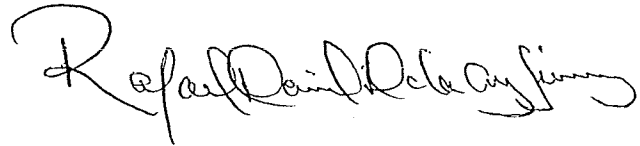
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) MLP2) Mrs. Mary Thomas (Medical Director)	DATE: 2-22-19
FROM: Rafael Daniel De La Cruz Jimenez	REGISTER NO.: 56269-004
WORK ASSIGNMENT: CCS	UNIT: Vernon 1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

This is the medical issue that I been facing since I had the brain surgery, and I want to put in the record and forward to the doctor at Mr. Dow in Rapides Hospital, because the institution don't allowed me to carry no paper when I am in medical trip.

P.S. Two (2) pages attached.



(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
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Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

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This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

MEDICAL ISSUE LIST

- 1) Headache or about multiple times after surgery June 1, 2017.
- 2) Headache on or about October 15, 2017.
- 3) I was feeling the symptoms as I lying down during the night time for a couple of days. Symptoms didn't show up no more.
- 4) Eyes tracking problem became worst specially after two weeks the eyes doctor checked me. I need bio-focal glasses.
- 5) Strong headache after they took me outside Hospital for my leg problem; I took 2 pills (325mg tylenol) prescription by doctor at Dow.
- 6) On or about April or May, I make it a sick call for some wartts between my groins and leg. Never happened.
- 7) After that, they put me in the shu on or about June 1 through June 25, 2018. I had strong headache for two days. I took some tylenol 325 MG and continue. After that headache disappear.
- 8) On or about July 21, 2018 about 7:30 P.M. looking the tv, my left arm was shaking back and forth as involuntary moves for few minutes then disappear.
- 9) Two ball cheek temple don't know where that come from. I'm feeling a pop in the right of the cheek temple.
- 10) Still Numbness.
- 11) Short breath
- 12) Fast hearbeat
- 13) I work out on 9/5/2018 at 5:00 P.M. to 6:10 P.M. and after workout I felt weak, frequent short breathing and my heart beating fast for few days. Then I did worked out days before I felt the same feeling. I stop work out. I just walk now.
- 14) On or about 10/15/2018 around at 5:50 A.M. I wake up with strong-like in the middle of my head. I took coffee think maybe the cause, but after 9:00 A.M. the headache continue. I took 2 acetaminophen 325 MG tab and I am awaiting to see.
- 15) On or about 11/22/2018 around at 8:45 P.M. I got down to pick up a bowl out the laundry bag and after get up I felt dizzy and weak and I have a tip top headache and I laid until next day. Next day 11/23/2018 I felt dizzy but during the day a lot better.

16) On or about January 7, 2019, a pressure headache start around 2:20 A.M. all day long until January 8, 2019. I took on January 7, 2019 three (3) Tylenol 325 MG every 4 hours during that day. I took between 16 to 20 pill each day. Nothing help except I took Aleve on or about 5 to 6:00 p.m. on January 8. The headached I felt starting going away.

17) On or about January 21, 2019 a headache start around during the day around 9:30 A.M. for about 4 hours, feeling pressure headache and pulling.

18) I went to sick call on 1/28/2019 to report. The appointment was on February 8-10 because foggy weather.

19) On or about February 11, 2019, the appointment was canceled by the Administration because of foggy condition, around 5:00 P.M. A headached start for about 3 hours. I took two (2) Aleve and it goes away.

20) On or about February 20, 2019, I went to MLP-2 to talk about the headached issued for two day, and she stated that I should see the neurologist any time. She prescribe me ibuprofen 400MG. Schedule for two months.

E X H I B I T N

AFFIDAVIT IN SUPPORT OF CLAIM

AFFIDAVIT OF SHANNON SMITHERS

I, Shannon Smithers, Affiant, do hereby and depose that the following facts are true and correct under penalty of perjury.

1. I witnessed carrying and or helping of Mr. De La Cruz Jimenez to the institution medical clinic. I witnessed him denied medical attention during the period February 10, 2017 through May 10, 2017.
2. I witnessed different Inmates carrying and/or helping Mr. De La Cruz Jimenez to the medical clinic and to the dining hall during his incapacitated state during February 10, 2017 through May 10, 2017.
3. I witnessed Inmates helping Mr. De La Cruz Jimenez to go to the bathroom during his incapacitated state. I witnessed him vomiting multiple times daily during February 10, 2017 through May 10, 2017.
4. I witnessed the obvious decline in the physical strength and mental adeptness of Mr. De La Cruz Jimenez during the period of mental crises February 10, 2017 through May 10, 2017.
5. I, Shannon Smithers, have known Mr. De La Cruz Jimenez for three years. I have been his cell mate since I arrived here in June of 2014. He has always been healthy and did what he could to stay healthy and in shape. I noticed his decline around the beginning of 2017 when he complained often of headaches. It then progressed to not having much energy to do the things he used to do. I often told him to get to medical to check on him and when he returned he expressed that they never really did anything to help him or they tried to tell him that it's in his mind or he was faking it. Starting around Feb. or March of 2017, he began complaining of being constipated. This continued even after getting a prescription for laxative at medical. He then began to throw up multiple times a day. He could hardly eat and when he tried to even drink water or just soup broth he would vomit it back up. He then began to lose his balance easily.

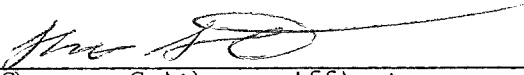
A few times I had to catch him from falling or hitting his head on the bunk for times such as stand up count. I had to help him walk a few times from the room to the dining hall or other places. I also saw other Inmates help him walk from place to place. I watched him become thinner and more emaciated looking as this process continued until they took him out of the compound and were able to remove the brain tumor.

State of Louisiana)
)
Allen Parish)

Verification:

I, Shannon Smithers, Affiant do hereby make solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 5th day of March, 2018.



Shannon Smithers, Affiant
Reg. No. 16701-035
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF RAFAEL DANIEL DE LA CRUZ JIMENEZ

I, Rafael Daniel De La Cruz Jimenez, Affiant do hereby that the following facts are true and correct under penalty of perjury.

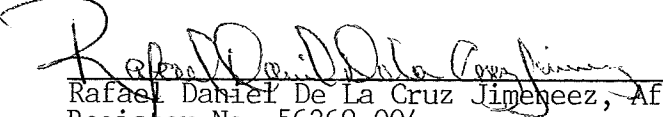
1. I, Rafael Daniel De La Cruz Jimenez, Affiant state that on or about April 26, 2017 at approximately 11:00 A.M. I fell in the dinning hall suffering from the symptoms and the incapacitated state that I had previously reported on or about February 24, 2017. After Petitioner collapsed on April 26, 2017 at Oakdale F.C.I. medical staff declared medical emergency and transported Petitioner to Oakdale community hospital emergency room by ambulance. Immediately prior to Petitioner's transport by ambulance to the hospital, while at Oakdale F.C.I medical unit Petitioner had an involuntary urge to vomit/spit up fluid. Officer R. Catoire "Rocky" forcibly covered Petitioner's mouth to prevent Petitioner from vomit/spitting up the fluid. The Officer smeared the liquid in Petitioners' face and ordered him not to vomit/spit up on his floor. See Exhibit : "Factual Allegation" page 5 of 13 # 9-10; See Exhibit A page 26-31, page #98-99, 119. See Exhibit A page # 104.
2. I, Rafael Daniel De La Cruz Jimenez, Affiant state that on or about June 1, 2017 through June 3, 2017 while Petitioner was recovering from the anesthesia from the second surgery I was having a dreams and crying out in my sleep. When he was awake the security officer in the room began to curse, swear and physically threaten Petitioner because he woke the officer from his nap. The officer placed his hand on his weapon and threaten Petitioner with physical violence if he woke him again. Two officers were present but only the officer with the weapon threatened Petitioner. Petitioner was afraid for his safety. See Exhibit "Factual Allegation" page 7 of 13 number 27; See Exhibit A page #98-99, 119 page # 104.
3. I, Rafael Daniel De La Cruz Jimenez, Affiant state that on or about April through May 10, 2017 Medical staff members named Carol Autin imposing unnecessary authority as she verbally attacks me with disparaging comments that were nothing less than abusive and threatening languages meant to cow myself while I was attempting to walk properly with the walker by stating 'Can't you use the walker properly?'. See Exhibit A page 98-99, 119.

State of Louisiana)
)
Allen Parish)

Verification:

I, Rafael Daniel De La Cruz Jimenez, Affiant, do hereby make solemn Oath and Affirmation that all of the foregoing facts are true and correct as to my own First hand and Actual knowlwdge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 23th day of March, 2018.

 (Seal)
Rafael Daniel De La Cruz Jimenez, Affiant
Register No. 56269-004
Federal correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT

9) I, Michael Williams, register number 28678-079, have known Mr. De La Cruz Jimenez for several years. He has always been a physically fit and mentally spry individual. Around March of 2017, I noticed his gait appeared impaired. After speaking with him about it, I found out that he was undergoing some sort of sickness which, among other things, had him unbalanced, constipated, and nauseous.

Shortly thereafter, he collapsed in the dining hall. That's when I began checking on him in his housing unit. During these visits his complaints were constant. There were occasions during this span when I'd be escorting him and he would simply lose his equilibrium.

On one such occasion, on or about May 1, 2017, we were leaving the computer-room (in Rapides 1), in route to his cell and before we made it past the phone area he collapsed. I managed to catch him and hold him upright while other prisoners called the Unit Officer and got a chair. The Unit Officer called Medical, and I rode with him to Health services.

We arrived at the hospital at or about 10:30am. After doing the requisite vitals check, the nurse informed us that the doctor was out to lunch and suggested that we do the same.

In route to the dining hall, Mr. De La Cruz consistently exhibited the inability to walk unassisted. By the time we made it into the dining hall, I was practically carrying him. His state of duress was so obvious that a few staffers, one in particular, Mr. Gonzalez, inquired and offered assistance. Though none of the executive staff on site acted accordingly.

After managing to eat a portion of a serving of soup, we returned to the hospital where we were repeatedly told that "Dr. Barns" would be seeing him. After several hours of this, at roughly 2:30pm., we were escorted out of the hospital and directed to the psychology department to see Dr. Barns.

Subsequent to his interview, Mr De La Cruz emerged with a prescription for psychological medication.

On the way back to his housing unit, again he was unable to complete the walk, therefore, I turned us around, returned to Psychology, and informed Dr. Barns that Mr. De La Cruz was physically incapacitated and could not manage to walk that distance. She stated, effectively, that the matter was out of her hands. At this juncture, a Compound Officer drove up to Psychology in a passenger vehicle. When I explained the condition of Mr. De La Cruz to her and asked that she give him a ride, she disregarded him, drove off, and parked at the "point." Shortly thereafter, again, I practically carried him across the compound past the very "point" where the Compound Officer, whom minutes earlier failed to give him assistance, sat in the passenger vehicle.



Just past the point, I passed him off to another prisoner whom was going to his unit because it was now 3:30 recall.

This was also the day when the prison began removing prisoners from Rapides unit, so the following visit with him was in Vernon unit. Now he complained of nightmares which he attributed to the Psyche medication. His complains in general, now, were more inclusive of headaches and vision impairment.

After several days of this, he was finally taken to an outside hospital.

State of Louisiana)

)

Allen Parish)

Verification:

I, Michael Williams, Affiant do hereby make solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 5th day of March, 2018.

 3-5-18
(Seal)
Michael Williams, Affiant

AFFIDAVIT OF STEVEN KOACH

I, Steven Koach, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.

1. I Steven Koach, Affiant state that knew Mr. De La Cruz since 2014, and I saw his health decline very dramatically during February 10, 2017 and May 10, 2017.
2. I, Steven Koach, Affiant state that on and/or about April 26, 2017, I was working at the dinning hall in the services og glasses and Mr. De La Cruz Jimenez approched to me to take of the glass and told me to hold him because he fell weak and dizzy and he told me hold him and said hold a minute and when I turn around he just fall out on the floor screaming and shaking that I remember.
3. I Steven Koach, Affiant state that on and/or I witnessed other inamtes carrying and helping Mr. De La Cruz Jimenez to the medical institution and to the dinning hall. I witnessed denied him of medical attention during that period of his illness until May 10, 2017.
4. I, Steven Koach, Affiant state that on and/or I witnessed the nurse(s) talking to Mr. De La Cruz Jimenez in verbally abusive manner during his incapacitated state during February 10, 2017 and May 10, 2017. We were at Rapides 1 unit and Vernon 1 unit together.
5. I, Steven Koach, Affiant state that on and/or February 10, 2017 and May 10, 2017, I witnessed other inmates helping Mr. De La Cruz Jimenez taking him to the bathroom in his incapacitated state. I witnessed obvious decline in his physical strenght.
6. I, Steven Koach, Affiant state that on and/or I witnessed the institution staff telling him that he was depressed, faking and lying when he fell in the dinning hall on April 26, 2017, around 11:00 A.M.

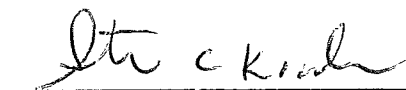
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State of Louisiana)
)
Allen Parish)

Verification:

I, Steven Koach, Affiant do hereby make solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on 8th day of March, 2018.



Steven Koach, Affiant
Register No. 64964-019
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

SK

AFFIDAVIT OF MICHAEL MENDOZA

I, Michael Mendoza, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.

1. I Michael mendoza, Affiant state and on and/or April 26, 2017 about 11:00 A.M. I witnessed that I was standing at pill line waiting for my medicine, and I saw the nurse "Rocky" Catoire on the umbulance shaking inmate De La Cruz Jimenez abrutally using physical force without human treatment. He was yelling at him "Stop faking" "Stop faking".

State of Louisiana)

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Allen Parish)

Verification:

I, Michael Mendoza, Affiant do hereby make solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual Knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if call upon.

Executed under signature and seal on the 8th day of March, 2018.



Michael Mendoza, Affiant
Register No. 08922-068
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF MEBLIN XIOMAR FIGUEROA

I, Meblin Xiomar Figueroa, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.

1. I, Meblin Xiomar Figueroa, affiant, state that during the last couple of years I was a companion of Mr. De La Cruz Jimenez prior to him becoming ill. I witnessed other inmates carrying or helping Mr. De La Cruz Jimenez to the Medical Clinic and I witnessed him being denied medical attention during the period of February 10, 2017 through May 10, 2017. I witnessed this during the time we were housed in the Rapides 1 unit and the Vernon 1 unit.
2. I, Meblin Xiomar Figueroa, Affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed his physical strength decline dramatacally. I witnessed this while we were cell mates in Vernon 1 unit.
3. I, Meblin Xiomar Figueroa, Affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed the Institution Staff tell Mr. De La Cruz Jimenez that he was depressed, faking and lying when he fell down in the dining hall on April 26, 2017.

State of Louisiana)
)
Allen Parish)

Verification:

I, Meblin Xiomar Figueroa, affiant, do hereby make solemn Oath and Affirmation that all of the foregoing facts are true and correct as to my own First hand Actual knowledge under penalty of perjury. Affiant is of legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 10th day of March, 2018.

Meblin Xiomar Figueroa
Meblin Xiomar Figueroa
Register No. 20572-058
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

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AFFIDAVIT OF ARNOLD EUGENE FOX JR.

I, Arnold Eugene Fox Jr. Affiant, do hereby and depose that the following facts are true and correct under penalty of perjury.

1. I Arnold Eugene Fox Jr. Affiant state that on and/or through the time of February 10 through May 10, 2017, I witnessed different inmates assisting inmate Mr. De La Cruz Jimenez to the hospital and to the dinning hall during his incapacitated state;
2. I, Arnold Eugene Fox Jr. Affiant, state that on and/or through the time period of February 10 through May 10, 2017, I witnessed inmate Mr. De La Cruz Jimenez vomiting multiple times daily;
3. I, Arnold Eugene Fox Jr. Affiant, state that on and/or through the time period of February 10 through May 10, 2017, I witnessed the phisical decline of inmate Mr. De La Cruz Jimenez;
4. I Arnold Eugene Fox jr. Affiant, state that on and/or through the time period of February 10, 2017 through May 10, 2017, i witnessed institution Staff tell inmate Mr. De La Cruz Jimenez that they believed that he was faking his illness and was lying concerning his headaches, vision problems and other symptoms that he was experiencing, when he fell out in the dining hall;
5. I, Arnold Eugene Fox Jr., state that I have known inmate Mr. De La Cruz Jimenez for some time since we have been detained at the Federal Correctional Institution in Oakdale, Louisiana. That inmate Jimenez was always in good spirits and enthusiastic about his work in the typing room of the institution library. That during the time of his illness, I had great concern for him as he was not his usual self. Previous to his illness, he always appeared healthy and energenic. I instructed him to seek medical attention for his declining conditions; he advised me that he had but was turned away; and

097

6. I, Arnold Eugene Fox Jr., state that I later learned that inmate Mr. De La Cruz Jimenez had a brain tumor and that if he had not received the needed surgery that he had, when he had; that he would have died or been mentally handicaped.

State of Louisiana)

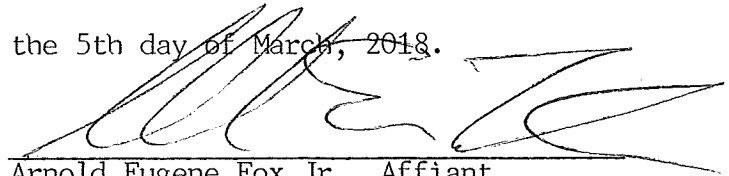
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Allen Parish)

Verification:

I, Arnold Eugene Fox Jr. Affiant do hereby make solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 5th day of March, 2018.



Arnold Eugene Fox Jr., Affiant
Reg. No. 24886-075
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF MICHAEL DOLPHIN

I, Michael Dolphin, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.


1. I, Michael Dolphin, Affiant state that on and/or February 10, 2017 and May 10, 2017, I witnessed other inmates carrying and helping Mr. De La Cruz Jimenez to the medical institution. I witnessed denied medical attention during that period of time.
2. I, Michael Dolphin, Affiant state that on and/or February 10, 2017 and May 10, 2017, I witnessed the nurse(s) talking to Mr. De La Cruz Jimenez in a verbally abusive manner during his incapacitated state.
3. I, Michael Dolphin, Affiant state that on and/or February 10, 2017 and May 10, 2017, I witnessed diffrents inmates carrying and helping Mr. De La Cruz Jimenez to the medical institution hospital and to the dinning hall during his illness.
4. I, Michael Dolphin, Affiant state that on and/or February 10, 2017 and May 10, 2017, I wtinessed his health in obvious decline in his physical strength. I witnessed the institution staff tell him that he was depressed, faking and lying when he fell in the dinning hall on April 26, 2017, around 11:00 A.M.

State of Louisiana)
)
Allen Parish)

Verification:

I, Michael Dolphin, Affiant do hereby make solemn oath and Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 8th day of March, 2018.


Michael Dolphin, Affiant
Register No. 27051-057
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF RONNIE L. FOWLER

I, Ronnie L. Fowler, Affiant, do hereby and depose that the following facts are true and correct under penalty of perjury.

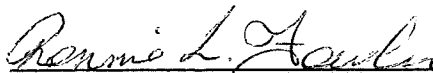
1. I, Ronnie L. Fowler, Affiant, state that on and/or during March 7, 2017 through May 10, 2017, I witnessed different inmates carrying and helping Mr. De La Cruz Jimenez to the Institution hospital and to the dinning hall during his incapacitated state. I witnessed in the whole compound.
2. I, Ronnie L. Fowler, Affiant, state that on and/or about April through May 10, 2017, I witnessed other inmates helping Mr. De La Cruz Jimenez to go to the bathroom during his illness when we got together in Vernon 1 unit.
3. I, Ronnie L. Fowler, Affiant, state that on and/or about April through May 10, 2017, I witnessed his obvious decline health and physical strenght.

State of Louisiana)
)
Allen Parish)

Verification

I, Ronnie L. Fowler, Affiant do hereby make solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 8th day of March, 2018.



Ronnie L. Fowler, Affiant
Register No. 24031-077
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-500

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AFFIDAVIT OF JIMMY LEE WILLIAMS

I, Jimmy Lee Williams, Affiant do hereby and depose that the following facts are true and correct under penalty of perjury.

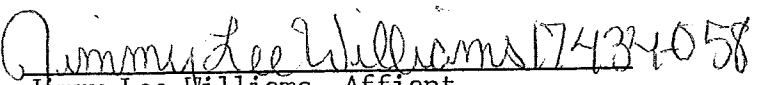
1. I, jimmy Lee Williams, Affiant state that on and/or About March 2017 and May 2017, I witnessed other inmates carrying and helping Mr. De La Cruz Jimenez to medical institution and to the dinning hall. I witnessed denied him of medical attention during March through May 10, 2017.
2. I, Jimmy Lee Williams, Affiant state that on and/or March 2017 and May 10, 2017, I witnessed the nurse(s) talking to Mr. De La Cruz Jimenez in a verbally abusive manner during his incapacitated state.
3. I, Jimmy Lee Williams, Affiant state that on and/or April 2017 and May 10, 2017, I witnessed other inmates helping Mr. De La Cruz Jimenez to go to the bathroom during his incapacitated state or illness. I witnessed that I saw him vomiting several times during that period and we are in the same unit.
4. I Jimmy Lee Williams, Affiant state that on and/or March through May 10, 2017, I witnessed in obvious decline in his physical strenght, lossing a lot of weight. I witnessed the institution staff tell him and saying all around the compound that he was depressed and he was faking and lying when he fell in the dinning hall on April 26, 2017.

State of Louisiana)
)
Allen Parish)

Verification:

I, Jimmy Lee Williams, Affiant do hereby make solemn Oath and Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under panalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 8th day of March, 2018.


Jimmy Lee Williams, Affiant
Register No. 17434-058
Federal Correctional Insitution
P.O. Box 500
Oakdale, LA 71463-500

AFFIDAVIT OF WILLIAM MARTINEZ

I, William Martinez Affiant, do hereby depose that the following facts are true and correct under penalty of perjury.


1. I, William Martinez Affiant state that on and/or about May 1, 2017 when Mr. De La Cruz Jimenez was moved from Rapides 1 unit to Vernon 1 unit, I witnessed other inmates carrying or helping him to the Medical Institution and to the dining hall during his incapacitated state.
2. I, William Martinez Affiant, state that on and/or about May 1, 2017 through May 10, 2017, I witnessed other inmates helping Mr. De La Cruz Jimenez go to the bathroom during his illness. I witnessed vomiting several times daily.
3. I, William Martinez Affiant, state that on and/or about May 1, 2017 through May 10, 2017 I witnessed his health decline dramatically. I witnessed the Institution Staff tell him that he was depressed, faking and lying when he fell in the dining hall on April 26, 2017.

State of Louisiana)
)
Allen Parish)

Verification:

I, William Martinez, Affiant do hereby make solemn oath and Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Excuted under signature and seal on the 8th day of March, 2018.



William Martinez, Affiant
Register No. 37147-026
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-1000

AFFIDAVIT OF JOSE M. IPUANA BARROS

I, Jose M. Ipuana Barros, Affiant do here depose that the following facts are true and correct under penalty of perjury.

1. I, Jose M. Ipuana Barros, Affiant state that on and/or about March 2017 and May 10, 2017, I witnessed other inmates carrying and or helping Mr. De La Cruz Jimenez to the Institution hospital and to the dining hall.
2. I, Jose M. Ipuana Barros, Affiant state that on and/or about May 1, 2017 and May 10, 2017, I witnessed Mr. De La Cruz Jimenez having other inmates taking him to the bathroom during his incapacitated state. I witnessed him vomiting many times daily. I witnessed this while we were in the same Vernón 1 Unit since May 1, 2017.
3. I, Jose M. Ipuana Barros, Affiant state that on and/or about May 1, 2017 and May 10, 2017 I witnessed that Mr. De La Cruz Jimenez's health declined dramatically in his physical strength.

State of Louisiana)
)
Allen Parish)

Verification:

I, Jose M. Ipuana Barros, Affiant do hereby make solemn oath and Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Excuted under signature and seal on the 8th day of March, 2018.

Jose M. Barros *J*
Jose M. Ipuana Barros
Register No. 50689-018
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-1000

112

AFFIDAVIT OF JOSE AMU

I, Jose Amu, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.


1. I, Jose Amu, affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed other inmates carrying and/or helping Mr. De La Cruz Jimenez to the Medical Clinic. I witnessed him denied medical attention.
2. I, Jose Amu, affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed the carrying and helping of Mr. De La Cruz Jimenez to the dining hall due to his incapacitated state.
3. I, Jose Amu, affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed his weight loss and his dramatically declining of physical strength.

State of Louisiana)
)
Allen Parish)

Verification:

I, Jose Amu, Affiant do hereby make solemn Oath and Affirmation that all of the foregoing facts are true and correct as to my own First hand Actual knowledge under penalty of perjury. Affiant is of legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 10th day of March, 2018.



Jose Amu
Register No. 79006-079
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF MARIO MONTTOYA

I, Mario Montoya, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.

1. I, Mario Montoya, Affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed carrying and or helping Mr. De La Cruz Jimenez to the Medical Clinic. I witnessed him being denied medical attention.
2. I, Mario Montoya, Affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed different inmates carrying and helping Mr. De La Cruz Jimenez to the dining hall.
3. I, Mario Montoya, Affiant, state that on and/or about February 10, 2017 through May 10, 2017, I witnessed his obvious state of decline in his health and his physical strength.

State of Louisiana)

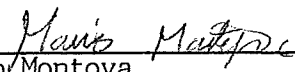
)

Allen Parish)

Verification:

I, Mario Montoya, Affiant do hereby make solemn Oath and Affirmation that all of the foregoing facts are true and correct as to my own First hand Actual knowledge under penalty of perjury. Affiant is of legal age of majority, of sound mind and competent to testify if called upon.

Excuted under signature and seal on the 10th day of March, 2018.



Mario Montoya
Register No. 84076-004
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF ALEXIS SALAZAR TRIVINO

I, Alexis Salazar Trivino, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.

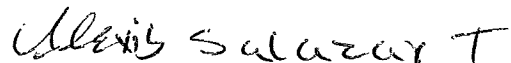
1. I, Alexis Salazar Trivino, Affiant state that on and/or about May 1, 2017 and May 10, 2017, I witnessed other inmates carrying and helping Mr. De La Cruz Jimenez to go to the hospital and to the dining hall. I personally witnessd this and I carried and helped him several times. I witnessed this because we are in the same unit.
2. I, Alexis Salazar Trivino, Affiant state that on and/or about May 1, 2017 and May 10, 2017, I witnessed other inmates helping Mr. De La Cruz Jimenez to go to the bathroom during his incapacitated state. I witnessed him vomiting many times daily.
3. I, Alexis Salazar Trivino, Affiant, state that on and/or about May 1, 2017 and May 10, 2017, I witnessed his physical strength decline. I witnessed institution staff tell him he was depressed, faking and lying when he fell in the dining hall on April 26, 2017.

State of Louisiana)
)
Allen Parish)

Verification:

I, Alexis Salazar Trivino, Affiant do hereby make solemn Oath and Affirmation that ll of the foregoing facts are true and correct as to my own First hand Actual knowledge under penalty of perjury. Affiant is of legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 8th day of March, 2018.



Alexis Salazar Trivino
Register No. 61736-018
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF JUAN ORTIZ LOPEZ

I, Juan Ortiz Lopez, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.


1. I, Juan O. Lopez, affiant state that on and/or February 10, 2017 through May 10, 2017, I witnessed other inmates carrying and helping to the medical clinic and to the dining hall Mr. De La Cruz Jimenez during his illness or in his incapacitated state.
2. I, Juan O. Lopez, affiant state that on and/or about April 2017 through May 10, 2017, I witnessed inmates helping Mr. De La Cruz Jimenez to go to the bathroom during his incapacitated state of illness. I witnessed vomiting several times daily. I witnessed this while we were housed in the same unit.
3. I, Juan O. Lopez, affiant state that on and/or about February 10, 2017 through May 10, 2017, I witnessed Mr. De La Cruz Jimenez's weight loss and his decline of physical strength.

State of Louisiana)
)
Allen Parish)

Verification:

I, Juan Ortiz Lopez, Affiant do hereby make solemn Oath and Affirmation that all of the foregoing facts are true and correct as to my own First hand Actual knowledge under penalty of perjury. Affiant is of legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 10th day of March, 2018.



Juan Ortiz Lopez
60801-018
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF JOHNNY TORRES

I, Johnny Torres, Affiant do hereby depose that the following facts are true and correct under penalty of Perjury.

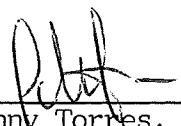
1. I, Johnny Torres, Affiant state that on or about February 24, 2017 and May 10, 2017, I witnessed other inmates carrying and helping Mr. De La Cruz Jimenez to the Institution hospital and to the dinning hall during time.
2. I, Johnny Torres, Affiant state that on or about February 24, 2017 and May 10, 2017, I witnessed the nurse(s) talking to Mr. De La Cruz Jimenez in a abusive manner during his illness.
3. I, Johnny Torres, Affiant state that on or about February 24, 2017 and May 10, 2017, I witnessed that I personally knew Mr. De La Cruz Jimenez before his incapacitated physical state and I saw his obvious physical decline and lack of strength.
4. I, Johnny Torres, Affiant state that on or about February 24, 2017 and May 10, 2017, I witnessed the institution staff tell him that he was depressed, faking and lying when he fell in the dinning hall on April 26, 2017 around 11:00 A.M.

State of Louisiana)
)
Allen Parish)

Verification:

I, Johnny Torres, Affiant do hereby make a solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majory, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 12th day of March, 2018.



Johnny Torres, Affiant
Register No. 51425-019
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463

AFFIDAVIT OF CESAR HERNANDEZ DE LA ROSA

I, Cesar Hernandez De La Rosa, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.

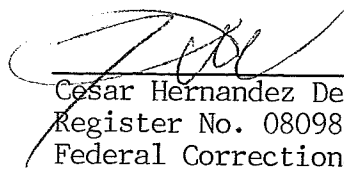
1. I, Cesar Hernandez De La Rosa, Affiant state that on or about February 24, 2017 and May 10, 2017, I witnessed different inmates carrying and helping Mr. De La Cruz Jimenez to medical hospital and to the dining hall in his incapacitated state.
2. I, Cesar Hernandez De La Rosa, Affiant state that on or about February 24, 2017 and May 10, 2017, I witnessed that I saw Mr. De La Cruz Jimenez for lack of physical strength and a lot of weight loss. I witnessed that I knew De La Cruz Jimenez before his illness.

State of Louisiana)
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Allen Parish)

Verification:

I, Cesar Hernandez De La Rosa, Affiant do hereby make a solemn Oath or Affirmation that all of the foregoing facts are true and correct as of my own First hand Actual knowledge under penalty of perjury. Affiant is legal age of majority, of sound mind and competent to testify if called upon.

Executed under signature and seal on the 12th day of March, 2018.



Cesar Hernandez De La Rosa, Affiant
Register No. 08098-069
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463-5000

AFFIDAVIT OF NICOLAS DJOKICH

I, Nicolas Djokich, Affiant do hereby depose that the following facts are true and correct under penalty of perjury.


1. I, Nicolas Djokich, Affiant, state that on or about April 2017 through May 10, 2017 I witnessed that the medical staff named Carol Autin was imposing unnecessary authority as she verbally attacks Mr. De La Cruz Jimenez with disparaging comments that were nothing less than abusive languages meant to cow Mr. De L Cruz Jimenez while he was attempting to walk prpperly with the walker by stating, 'Can't you use the walker properly?'.

State of Louisiana)
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Verification:

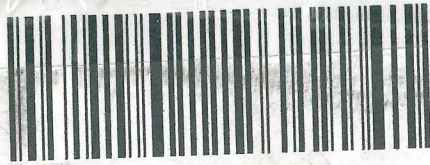
I, Nicolas Djokich, Affiant, do hereby make solemn oath and Affirmation that all of the foregoing facts are true and correct as to my own First hand Actual knowledge under penalty of perjury. Affiant is of legal age ofmajority, of sound mind and competent to tetify if called upon.

Executed under signature and seal on the 20th day of March, 2018.



Nicolas Djokich, Affiant
Register No. 33957-112
Federal Correctional Institution
P.O. Box 5000
Oakdale, LA 71463

CERTIFIED MAIL®



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Federal Correctional Inst
P.O Box 5000
Oakdale, LA 71463
United States



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